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ABSTRACT

The guide provides information on procedures used in the Portage Model, an early home intervention program for rural preschool children with all types of handicapping conditions as well as children functioning within the normal range. Following an introduction (which presents the rationale for parent involvement, rationale for home based programs, and the plan of the guide) are sections which address identification and referral (sources of referral, the screening visit): assesement (formal assessment, informal assessment, curriculum assessment, ongoing assessment): the home teaching process: working with parents: reporting and the staff meeting: activity charts: and suggestions for home teachers. Numerous chart samples are provided within the activity charts section. (SBH)

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The Portage Guide To Home Teaching

THE PORTAGE GUIDE TO HOME TEACHING

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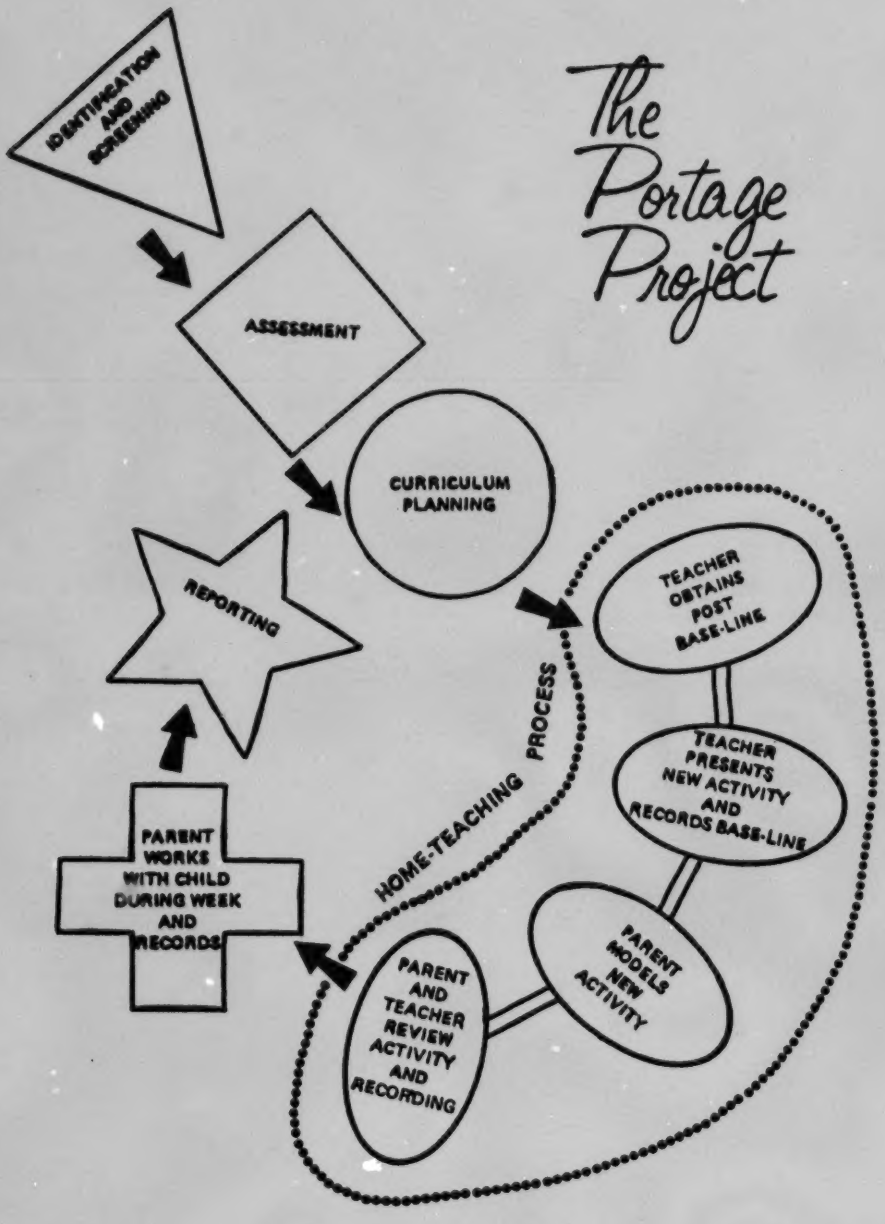
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INTRODUCTION

The Portage Guide to Home Teaching is a compendium of essential ideas, knowledge, and processes utilized in the Portage Model, an early intervention program for preschool children. This Model has provided service to children with all types and degrees of handicapping conditions as well as with those children who are functioning within the normal range.

It is our hope that this Guide will provide a useful procedure and process for serving children and their parents in a home-based educational program.

The Portage Model is a home intervention program that has been in operation since 1969. Originally intended to serve preschool handicapped youngsters in a rural area, the Portage Model, implemented in other locales throughout the United States, has been demonstrated to be viable irrespective of geography, administrative structure or type of child served. This Model has been selected nationally as one of eight exemplary preschool programs for the handicapped (ABT Associates, Incorporated, 1972).

The Portage Model centers on a home teacher who trains parents to become more effective teachers of their own children by training parents how to target appropriate teaching tasks, how to best present them, and how to record and assess their child's performance in order to continually modify teaching goals and procedures to meet each child's individual needs.

The basic operational premises of the Portage Model, as they relate to parents are:

1) **Parents care about their children and want them to attain their maximum potential, however great or limited that potential may be**
2) **Parents can, with instruction, modeling, and reinforcement, learn to be more effective teachers of their own children**
3) **The socio-economic and educational or intellectual levels of the parents do not determine either their willingness to teach their children or the extent of gains the children will attain as a result of parental instruction**
4) **The precision teaching method is the preferred learning model since feedback is provided daily to parents and weekly to staff, thereby reinforcing both when goals are met. Moreover, the method provides a continual data base for curriculum modification thus maximizing the likelihood of success for parents and children.**

RATIONALE FOR PARENT INVOLVEMENT

No longer can the parent involvement component be viewed as simply a nice adjunct to an early childhood program. In the past it was the unusual

program that made efforts to directly involve and train the parents of the children being served. Parent training programs were once viewed as "the frosting on the cake". Research demonstrates, however, that effective parent involvement is, in fact, a main ingredient in long-term effective early childhood intervention. In summarizing an extensive survey of the research literature, Bronfenbrenner states:

> "...the involvement of the child's family as an active participant is critical to the success of any intervention program. Without such family involvement, any effect of intervention...appears to erode fairly rapidly once the program ends. In contrast, the involvement of the parents as partners in the enterprise provides an ongoing system which can reinforce the effects of the program while it is in operation, and help to sustain them after the program ends" (Bronfenbrenner, 1974).

In too many studies, significant gains in IQ have been made by children in early intervention programs only to be "washed out" after the intensive center or home based program ended and the children entered school or remained at home. One of the key variables in changing these sad and costly results appears to be the effective involvement of parents in home and center based programs.

There are many additional reasons to involve parents in their child's education.

1) Parents are the consumers. They pay, either directly or indirectly, for the program and service their child is receiving. Many parents are saying they want a voice in what and how their child is being taught. Often parent training programs begin as a result of pressure from parents. They want to participate in the teaching of their child, thus it requires that parents be taught how to teach their child (Fredericks, Baldwin, Grove, 1974).
2) Parents, if knowledgeable about the program their child is receiving, can be the best advocates for program continuation and extension (Hayden, 1974; Shearer and Shearer, 1974). School boards, advisory councils and state legislatures throughout the nation have substantially changed policy and laws as a direct result of parental advocacy.
4) At present, according to government figures, there is a deficit of 58,500 teachers to provide service to the nation's preschool handicapped population (Ackerman and Moore, 1974). Certainly, parent training programs can and should be developed to help meet this huge manpower need.
5) Parents of a handicapped child will have more responsibility for

their child over a significantly longer period of time than parents of a normal child. They need parenting and teaching skills that parents of a normal child need not necessarily posses (Shearer and Shearer, 1972).

6) Parents know their child better than anyone else ever will, thus parents can serve as a vital resource to center or home based staff in the area of functional program objectives for the child that will be useful in his own unique environment.
7) There has been an acknowledged problem of transferring learning from the classroom to the home. This occurs because there is insufficient and/or ineffective communication between parents and teaching staff. Thus, it is vitally important that there is planned consistency between the center's educational program and the educational experiences provided by the parents. Without effective parent involvement, the best possible program for the child will have little effect (Lillie, 1974).
8) Studies have shown that parent training during the preschool years was of benefit not only for the target child, but also for his siblings (Gilmer et al., 1970; Klaus and Gray, 1968, 1970). This indicates that parents are able to generalize these learned skills thus making them better parent-teachers of all their children.
9) The training of parents who already are natural reinforcing agents, will provide them with the skills necessary to effectively teach new behaviors and to modify inappropriate behaviors that interfere with learning.
10) Parent involvement can greatly accelerate the child's rate of learning. The center, working with the child without benefit of parental involvement, cannot begin to accomplish alone what staff and parents can accomplish together. Fredricks et al., have demonstrated that a systematic program by the parent in conjunction with a school program will almost double the rate of acquisition of a particular skill (Fredricks, Baldwin, Grove, 1974).

Thus it appears that one condition necessary for an effective early intervention program, whether home or center based, is an effective parent involvement and parent training component, and the best delivery system for involving parents in their child's education is a home-based program.

RATIONALE FOR HOME-BASED PROGRAMS

In addition to the practical aspect of not having to transport children and provide a center (thus reducing program cost by more than half), there are inherent <u>educational</u> advantages in utilizing a home-based delivery system. These advantages are based on involving the child's first and

potentially his best teacher, his parents. (The following is partially taken from "A Home-Based Parent Training Model", Shearer, M., Training Parents to Teach : Four Models.)

1) Learning is occurring in the parent and child's natural environment, therefore, the typical problem of transferring back into the home what has been learned in a classroom or clinic does not exist. Additionally, it is more likely that learned behaviors will generalize and be maintained if the behaviors have been learned in the child's home environment and taught by the child's natural reinforcing agent — his parents.
2) Another major advantage in utilizing the home-based precision teaching model is that there is constant and direct access to behavior as it occurs naturally. This is more likely to result in curriculum goals that will be functional for the child within his own unique environment. In fact, the differences in cultures, life styles and value systems held by the parents are incorporated into curriculum planning, since the parents are the final determiner of what and how their child will be taught.
3. If instruction occurs in the home there is more opportunity for full family participation in the teaching process. Father, sibling and extended family involvement becomes a realistic and obtainable goal.
4. There is access to the full range of behaviors, many of which could not be targeted for modification within a classroom, such as temper tantrums which only occur in the home.
5. Finally, since the home teacher is working on a one-to-one basis with the parents and child, individualization of instructional goals for both is an operational reality rather than an idealized goal.

PLAN OF THE GUIDE

The Portage Guide to Home Teaching is divided into eight major Chapters:

1) **Introduction**
2) **Identification and Referral** — A discussion of referral sources and techniques used to identify children.
3) **Assessment** — A presentation of techniques for formal assessment, informal assessment and ongoing assessment of the progress of learning and curriculum evaluation and planning using the Portage Guide and Checklist.
4) **Home Teaching Process** — An overview of the home teaching process including taking baseline and post-baseline data, presenting new

activities, appropriate teaching techniques and the recording system for program evaluation.

5) **Working with Parents: The Why's and the How's** — Techniques used to work effectively with parents within the home.
6) **Reporting and Staff Meetings** — A brief review of the reporting process used in the Portage Model to summarize and evaluate the child's progress and a description of the weekly staff meetings.
7) **Activity Charts** — A description of the five basic components of the activity charts with examples.
8) **Helpful Hints for Home Teachers** — Techniques and suggestions to increase home teacher productivity and reduce home teacher anxiety.

Editor's Note: Throughout the manual the person having the responsibility of working directly with the child during the week is referred to as "the parent". However, in the Portage Model this person may be not only the mother and/or father, but could be the grandparent, babysitter, older sibling, or any "significant other". The personal pronoun "her" is used in reference to "the parent" as these individuals are generally women.

Additionally, the pronoun "she" is used to refer to the home teacher. Although males have successfully filled the role of a home teacher, the majority of these people have been women; thus the use of the pronoun.

THE PORTAGE HOME TEACHING MODEL

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IDENTIFICATION AND REFERRAL

Children can be referred to a project from a variety of sources, including parents themselves. All possible referring agents, however, should have the following information about the program: 1) A brief description of the project, 2) The agency to contact — including address and telephone number, 3) Age and description of children eligible for service.

This information could be disseminated by means of:

1) Public service announcements on local radio stations
2) Articles in local newspapers
3) Letters explaining the Project sent to county nurses, physicians, diagnostic clinics, community agencies, and school personnel
4) Personal visits to the county nurse's office and other community agencies
5) Public presentation by staff members at community meetings, (Head Start, Association for Retarded Citizens, school-parent groups, local organizations)
6) Brochures made available to referral sources which include information about the project and criteria for acceptance
7) Frequent follow-up to all possible sources
8) Articles in local church publications
9) Television spots on local stations

Agencies and individuals who are potentially the best sources of referral should be contacted directly by project personnel. These include:

1) **Public Health Nurses**
   The public health nurse is an invaluable referral source. She frequently has knowledge of high risk infants and may have already identified handicapped children.

   The contact with the county nurses should continue throughout service to the family. Copies of reports can be sent to that office; personal contact should be made frequently to discuss medical and health aspects of the program.

2) **School Personnel**
   Personnel working within the public schools, such as social workers, psychologists, speech clinicians and nurses as well as classroom teachers, are referral sources that can be utilized. They often meet preschool children in their contact with families.

Many schools conduct kindergarten round-ups, or have P.T.A. and kindergarten mothers' groups that can disseminate information about the program. The school census could be one source for identification of handicapped children. The routine school mailings and newsletters sent to parents could include notice of the service.

Staff inservice meetings conducted in the schools offer an opportunity to explain the services and referral system to school personnel.

3) **Local Physicians and Local Medical Services**
Frequently, the local physician or pediatrician is the first professional to tell the family that the child is handicapped. Physicians need to be able to tell the family what services are available to help them help their child. A letter to physicians, followed by a personal visit explaining the services offered and stating the willingness of the project to follow-up on all referrals made by that physician, should be a program priority.

Medical Society and local hospital staff meetings can be targets for dissemination of information by the project staff.

4) **Regional Hospitals and Diagnostic Clinics**
Contacts with specialized medical services and diagnostic clinics could be made initially by letter with personal contact as a follow-up.

5) **Community Agencies**
Local community service agencies such as mental health clinics, local Associations for Retarded Citizens, social service agencies, and local service organizations can be utilized as excellent referral sources.

Staff participation in their meetings and training sessions can provide information to these agencies concerning the services offered by the project.

Again, initial contact may be by correspondence, but should be followed by a personal contact to explain the project. Contact should be continuous with feedback of information to the agency.

6) **Parents, Neighbors, Relatives**
Once information about the program or service has been disseminated to the community as a whole, referrals will often be received from parents themselves or interested relatives, friends and/or neighbors.

Initial Contact

After a child is identified as possibly needing the project, the parents should be contacted by phone or letter to arrange for a screening visit by a home teacher.

A. Initial Contact - Phone Call

1. Individual Identification - The home teacher should identify herself and the agency to the parent. If the referral source is known or is useful, it may be used to further identify the caller. If the parent is not familiar with the contacting agency, the use of a well-known local referral source might be beneficial.

2. Program Identification - The home teacher should briefly describe the program. The description might include the ages of children, the delivery system, and any charges or commitments expected of the parents. The length of the description would depend on the parent's questions and interest.

3. Appointment for Personal Contact - The caller should state at least two possible times he/she could meet with the parents in their home. If neither time is agreeable, an acceptable appointment date and time should be determined.

B. Initial Contact - Correspondence

1. Cover Letter with Returnable Card - If it is impossible to reach the parents by telephone, a letter explaining the program should be sent with a stamped self-addressed reply card. The letter should include identification of the agency and a brief description of the program. At least two alternative dates and times for the screening visit should be noted for the parents. The parent can then return the card stating which day and time would be most convenient.

Screening Visit

The screening visit is made by a home teacher who visits the parents and child in the home. Rapport should be established during the visit, and any further questions that the parents have regarding the program can be answered. The primary objective of the visit is to administer a standarized assessment instrument to determine program eligibility (see section on Assessment). The purpose of the assessment is explained to the parents and their permission is obtained before the assessment procedure is initiated.

Following the administration of the screening instrument, the home teacher may be able to inform the parents of their child's eligibility for the program. In borderline cases, however, a determination should be made by the Project staff. The Portage Project's criteria for entry is that the child is functioning significantly below his chronological age in physical, self-help, social, academic, or communication skills. Typically this is

regarded as being a one year delay between chronological age and functional age in any one of the five developmental areas; however, modification of this criteria is made depending on the child's age (in the instance of a very young child), and in cases of severe articulation difficulties or behavioral problems. This criteria should also be modified to meet the needs of another agency or program.

If a child qualifies for the services of the project, a home teacher is assigned, assessment is completed, and home teaching begins.

ASSESSMENT

There was an old, wise professor of psychology at one of the larger universities who taught a course in individual assessment. He would spend the greater part of this course teaching his students the use of sophisticated intelligence, neurological, and personality assessment instruments. Each student was to use these tools in evaluating individual children in a nearby clinic. The graduate students then wrote up long reports attempting to diagnose their child's particular problem. Invariably the professor, report in hand, would face each student and say, "so what". Eventually the students caught on and came away from the course with their most valuable diagnosis — the So What Diagnosis. Any assessment procedure that, once completed, does not have answers for the "so what" question will not be very useful in developing a program or helping a specific child.

Every assessment procedure is basically an attempt to discover what a child can do so that people know what the child has yet to be taught. This point is important enough to repeat. Assessment means finding out what a child can do now so that one can better plan what he has yet to learn. Thus skills or knowledge that the child does not have, obviously becomes the matter that has to be taught. It is only within this framework that everyone can get by that "so what" question when trying to assess a child's abilities.

The assessment procedure of the Portage Model consists of four parts:

1) **Formal assessment,** or general questions pertaining to the child's general strengths and weaknesses
2) **Informal assessment,** or specific questions concerning a child's learning style and coping behaviors
3) **Curriculum assessment,** or what specifically should the child learn next
4) **On-going or monitoring assessment,** or questions regarding how well the child is learning what is being presented

1. Formal Assessment

By formal assessment, we mean the use of standardized instruments to assess strengths and weaknesses of individual children. The use of standardized instruments can serve the following purposes:

A. Providing a pre-post test measure of individual children to evaluate progress over a year's time

B. Providing program evaluation to help determine program effective-

ness in meeting the needs of a target group of children. Such an evaluation may be necessary to meet funding or reporting requirements

C. Providing, primarily for research purposes, a means of comparing the target population with a larger standardization group or which the instrument was devised.

D. Providing data for the decision-making process by which children are to be included in the program — a screening instrument

E. Providing a general outline of what a child needs to be taught. Hopefully, a child's areas of strengths and weaknesses would be indicated and a general starting point could be determined

The ideal instrument would be one that is reliable and valid, easily administered in terms of cost and staff time, and capable of providing a profile of developmental areas. There are a number of such instruments on the market. One that has been found useful is the Developmental Profile by G. Alpern and T. Boll published by Psychological Development Publications (1972). This instrument is an inventory of behaviors which has been designed to assess a child's development from birth to pre-adolescence. The inventory provides a reliable measure of each of five developmental areas. It can be easily administered in twenty to forty minutes by an evaluator who need not be a trained developmental expert. The instrument is a parent interview assessment device. However, it is beneficial to have the child perform as many of the tasks as possible to substantiate parental reporting. The home teacher asks the parents questions regarding the following areas of development:

Physical — This scale measures the child's physical development by using tasks requiring large and small muscle coordination, strength, stamina, and flexibility.

Self-Help — This scale measures the child's ability to cope independently with the environment in such self-help tasks as eating, dressing, and working. In general, this scale evaluates the degree to which the child is capable of caring for him/herself.

Social — This scale taps the child's mode of interacting with others and measures the extent to which a child exhibits appropriate social behavior.

Academic — This scale measures the child's intellectual abilities

by evaluating at preschool levels — the development of skills prerequisite to scholastic functioning, and at school age levels — actual academic achievements.

Communication — This scale measures the child's expressive and receptive skills with both verbal and nonverbal communication. The child's use and understanding of spoken, written, and gestural languages are evaluated.

The instrument yields a functional age in each of the five developmental areas. Scores for any individual child produce a general outline of the child's relative strengths and deficits in the five areas of development.

It is important to note that this assessment process does not produce a diagnosis or label, but rather indicates a level at which the home teacher can start working with each child.

The profile obtained presents a general starting point in terms of entry behavior, but does not give much information as to how to begin, or what method or structure should be used to present new skills. To gain information on how to tailor a program for an individual child, an informal assessment procedure is employed.

2. Informal Assessment

"Informal" assessment is so named because it does not follow structured rules on what questions to ask, how to score responses, or how to interpret results. Formal assessment will produce a score and information as to whether or not a child performed a particular task, such as completing a three-piece form board. But also of importance are situation specific factors such as: Did he attempt the task? Could he pick up the forms? How close did he come to completing it? How well did he attend? Cooperate? ...etc. These observations indicate a particular child's behavioral sets or patterns in response to certain materials and demands. Informal assessment also includes an evaluation of the demands and expectations put on the child by his family. Thus, it is a process by which the home teacher becomes familiar, in a specific sense, with the child, his capabilities, and his environment.

Informal assessment data is gained over a period of time by presenting a variety of tasks. Examples might include having the child walk upstairs, build block towers, and so forth. Other important information is obtained by observing the child's interaction with his environment.

The following are some questions which may help the home teacher determine how best to program for a particular child:

Physical: Can the child hold his head up, sit up, roll over? How does he get from one place to another — crawl, walk, run, skip? Is his

gait typical or does the child toe walk? Can the child jump, hop, balance on one foot? Are large muscles (arms, legs, back) firm or flabby? Can he use one leg (kicking) or arm (throwing) independently? Does sight (following an object) and hearing (response to sound out of sight) appear normal? (If there are questions about the above, a physician should be contacted.) How is the child's manual dexterity and ability to manipulate small objects? Does the child use thumb and index finger to point or grasp? Can the child pick up (beads, string, etc.) and place objects (pegs in holes, blocks in cups) where it appears he wants to? Has he any strength in his grasp? Can the child hold a fat crayon or pencil? How does the child hold and use scissors? Does the child have a tendency to explore areas about the home and manipulate objects? Is he or she curious about things or rather passive, not showing much interest? If the child is physically handicapped, does he or she compensate with other parts of the body? Does the child have the opportunity, encouragement, and most importantly, appropriate models to develop motor skills? Does his environment provide various experiences which aid physical development? Is the child fearful of new surroundings or objects, or is he eager and anxious to discover? How do the parents regard the child's physical safety — uncaring and careless or over-protective and restrictive?

Social: How does the child play?

a) Solitary play — plays alone and independently, centered strictly on his own activity
b) Onlooker — watches others play, may ask questions or interrupt, but does not enter into the play
c) Parallel play — plays beside rather than with other children
d) Associate play — plays with other children engaging in similar if not identical activity
e) Cooperative play — formal activities with other children (taking turns riding in a wagon), dramatization (house, doctor, etc.), competitive games (hide and seek, tag).

How does the child play with his siblings, parents or home teacher? Does he exhibit interest and curiousity in toys that are available to him? What toys are in his home? What are the age ranges and number of children available as playmates? How does the child get along with his brothers and sisters? Do they fight frequently? What are the fights about — possession, physical intrusion, breakage of toys? Does the child

have chores or responsibilities? Are there family expectations in respect to courtesy and manners? What kind of situations outside the home is the child exposed to — shopping, eating out, etc.? Who is the major caretaker of the child?

Some of the above and the following questions may appear to be vague; however the home teacher is trying to ascertain the child's generalized style of learning, his pattern of approaching his environment, and the opportunities and expectations provided by members of his family. But with the answers to some or all of these questions she will have a better understanding of the child and his surroundings, and therefore, will be able to plan more intelligently with his parents, the child's specific curriculum. Thus, if a child is generally fearful and his parents are overly solicitous of his safety, the home teacher would probably not start with climbing stairs or cutting with scissors, but would start with relatively simple and non-threatening tasks and gradually work up to those activities which in the parent's eyes impose a degree of risk.

Self-Help: What is done for the child and what does the child do for himself? Is it easier for the parents to feed their child rather than put up with the possible initial frustrations and inevitable spills? Can the child button, zip, and tie? Is there any reason for him to do so? Does the child depend on his parents or other family members to dress, feed, and care for his needs? Does the child get a pay off (attention) for not caring for himself? What do the parents expect of the child? Do they maintain his dependency? Do the parents expect too much of the child? Do they point to the older children as impossible examples? Are the child's dressing and eating skills, no matter how minimal, taken for granted? Are the parents concerned about toilet training?

Academic: Is the child reactive to his surroundings (sights, sounds, and motion)? Does he/she respond to touch, temperature, and light changes? Does the child comply or cooperate with requests? Does the child use toys appropriately (hammers to pound, balls to bounce or roll)? Can the child sort objects according to color, shape, or use? Does he demonstrate understanding of same and different? Can he/she discriminate between size, shape, weight? Can the child supply missing parts to familiar objects? Does the child demonstrate knowledge of physical or social consequences? What are his/her problem-solving abilities (unwrapping candy, opening doors, overcoming barriers)? What can the child remember (how many discrete units; does he remember what he sees,

what he hears)? Does the child realize when he has made an error? Does he realize he has not completed a task? How does the child react to failure, frustration, and success?

Language:

Child development specialists have stressed the importance of language in all phases of a child's development. Language enables the child to acquire a large amount of material through the processes of categorization and memory and is prerequisite to many of the developmental milestones in the cognitive and social areas. Some of the relevant questions in the area of language are:

At what stage of verbalization is the child functioning—gurgling, babbling, simple words, short phrases? Does the child imitate verbal and social models? How does he communicate — gestures, grunts, etc.? Does the child have a need to communicate, or do the parents supply the child's needs without requiring any verbalization? How much does the family talk in general? How well-developed is the child's vocabulary? Does he have labels for familiar household items? Can he tell you the names of his family members, familiar animals, household objects? Does he respond to his own name? Can he point to the correct item in a series if you name the item? Does he respond to simple directions? Can he/she demonstrate knowledge of spatial concepts such as "under" and "top"? Does the child have articulation difficulties?

Imitation and Compliance:

Two additional topics which are important to development in all the above areas bear special mentioning — imitation and compliance. Imitation is one of the most efficient ways of teaching, and if this response along with a generally compliant reaction to requests can be taught, further learning is assured. Questions a home teacher may ask are:

Does the child establish eye contact with adults or other children? How long is that contact? Does the child spontaneously (without prompting) imitate members of the family? Will the child imitate large body movements as in games like peek-a-boo or pat-a-cake? Will the child imitate facial expressions, eye blink or tongue movements? Will the child imitate tasks like stacking blocks or putting chips in a cup? Will the child imitate sounds and words? Does the child imitate upon request? How does the child respond to

requests? Does the response differ with different people or when different materials or tasks are involved? What typically happens when the child doesn't do what is requested? What does the child really enjoy doing?

As has been stated earlier the home teacher would not directly ask all these questions. By being observant and sensitive to these topics over a period of weeks, she could better plan the child's specific curriculum and the appropriate teaching methods.

Background Information:

In informal assessment, the home teacher also collects pertinent background information. The guiding principle for how extensive this process needs to be is whether the information would aid in developing an appropriate program for the child.

A brief medical history would be sufficient for a child whose handicap is not specifically related to physical problems, while a more extensive delineation may be appropriate for a child who is severely physically disabled. A child's general health is important to note. A history of frequent colds and ear infections in a child who seems not to understand, doesn't follow directions, or won't come when called, may indicate that an audiological evaluation would be desirable. A history of high fevers accompanied by convulsions or dehydration would also be worth noting. Frequent hospitalizations could also play a significant role in a child's development.

Some children have had extensive medical attention because of their handicaps, such as in the case of the orthopedically handicapped, hydrocephalic, cleft palate, or spina bifida child. In these cases, it would prove very beneficial to find out the particular agency involved and get a "release of information" form signed by the parent so that information from the agencies can be shared to help develop a better program for the child.

In the case of a child who is physically handicapped and is periodically seen by a physical therapist or other professional who is giving the parents activities for the child, the home teacher could, if aware of these, incorporate the activities into some of the weekly prescriptions so that carrying them out could be made easier for the parents. Many multiply-involved children are seen on a regular basis by various clinics and the evaluation they have performed may prove helpful in developing curriculum for the child. It is, therefore, a good practice to get a parental "release of information" form at the time of initial screening so that the information will be available when the child is enrolled in the project.

The home teacher would also ask at what age the child achieved major developmental milestones — sitting up, crawling, walking, talking, etc. This information is helpful in determining whether the child has been

delayed in developing from birth or whether some later event has occurred which may have hindered the child's development. This line of questioning may also give an indication of when the family realized that the child was experiencing difficulty and thought that help was needed.

Of course, all of the above information is confidential and all exchanges of information with other agencies must first be approved by the parents. All the information obtained should only be used for the purpose of developing a better curriculum for the child.

3. Curriculum Assessment

Curriculum assessment consists of finding out what a child already knows and what he has yet to learn. After determination of the above information, the home teacher must decide which skill or behavior she will begin to teach and what approach will maximize the child's acquisition of that skill. The Portage Guide to Early Education (PGEE), revised edition (Bluma, Shearer, Frohman, Hilliard, 1976) was developed to facilitate the process of integrating the information gained from formal and informal assessment into a curriculum assessment which will assist in determining specific behaviors to be taught. The Guide assists in assessing present behaviors as well as in promoting increased developmental skills.

The Portage Guide to Early Education is designed to serve as a curriculum for children, either handicapped or normal, between the mental ages of birth and six years. In addition, older children and adults with behaviors common to preschool children can benefit from activities contained in the PGEE. For instance, if a fifteen year old is not feeding himself, is not toilet trained, or does not verbalize, the PGEE can be used as a device to assess present behavior as well as a curriculum guide to provide suggestions on how to teach skills. These materials, though developed by a homebased program, can be used regardless of the specific handicapping condition(s) of the child, the instructional delivery system (home, classroom, institution), the teacher-child ratio, or the professional status of the instructor.

The Portage Guide to Early Education consists of three parts: 1) A Checklist of behaviors; 2) A Card File and; 3) A Manual of instructions for use. These materials were developed by the Portage Project staff over a period of four years (PGEE, experimental edition, Shearer, D., Billingsby, J., Frohman, A., Hilliard, J., Johnson, F., and Shearer, M.) Professional educators, paraprofessionals, and parents used these materials as a major source of behavioral evaluation and as a curriculum. On the basis of their feedback and that of the Portage Project Staff, the materials were modified and expanded into the form shown here.

These materials are meant to serve as a guide to teachers, nurses, aides, parents, and anyone else needing to assess a child's present behavior in order to plan realistic goals that lead to additional skills. The behaviors listed on the Checklist are based on normal growth and

developmental patterns; yet no child, normal or handicapped, is expected to follow these sequences exactly.

The Checklist and Card File can aid in assessing present behavior, in targeting emerging behavior, and in helping the instructor to provide techniques of how to teach each behavior — yet always adjusting goals techniques for each individual child.

Children can skip some behaviors completely, may learn behaviors out of sequence, and/or may need additional subgoals in order to achieve the behavior on the Checklist. Each home teacher's ingenuity, creativity, and flexibility, plus knowledge of the child and his past developmental pattern, will be needed to help plan appropriate goals for the child so that he will achieve success. The home teacher should fee free to alter sequences, techniques, and goals in order to meet the needs of the individual child.

Use of the Checklist:

The Checklist lists skills from birth to six years in the areas of Socialization, Self-Help, Language, Cognition, Motor and Infant Stimulation. A "Log" sheet is also included to record other information regarding the child which is relevant to educational programming. The sections are color coded and list skills sequentially at one year age increments.

The first column on the page is "Age Level". This indicates at what age in year increments children are normally expected to acquire this skill. Because the Checklist is designed to yield curriculum planning information and not an age level score there has been no attempt to provide a more exact age level for skill acquisition. The column labeled "Card" refers to the card in the Card File which corresponds with the behavior listed in the Checklist. The next column is a behavioral description of the developmental skills. The column labelled "Entry Behavior" is used to check off those skills which the child can perform at the time of entry into the program. The home teacher simply puts a check mark after those skills she is confident the child already has. No check is placed beside those behaviors the child has yet to learn. The "Date Achieved" column is completed when the child has been taught the particular skill. This information, then, allows the home teacher to have an ongoing record of not only the skills the child has acquired as a result of the program, but also the date on which they were accomplished. The "Comments" column is used to record any information pertinent to the child's acquisition of that skill. For example, if the child demonstrates a particular skill, but not at criterion level or is close to being able to master it (counts to 7, not to 10) this can be noted in the comments column. The home teacher then is alerted to the fact that this may be a good skill to begin teaching as the probability of success is high.

Use of the Card File:

Once the skills the child can and cannot perform have been delineated, the home teacher chooses the first of the skills in an area to begin

teaching. She refers to the corresponding card in the Card File to find suggestions for teaching ideas and materials to use.

The cards are color coded to match the sections of the Checklist. On the upper right hand corner of each card the developmental area and the number corresponding to the behavior in the Checklist is stated. The "Title" which is a restatement of the "Behavior" on the Checklist is listed first. Under "What to do" teaching strategies, materials, and possible task breakdown are listed.

Use of the Manual:

The manual accompanying the Portage Guide to Early Education gives complete and detailed instructions for using both the Card File and the Checklist.

In summary, the PGEE provides the home teacher with a sequential Checklist of approximately ninety specific behaviors in each of the five developmental areas as well as suggestions for infant stimulation. Once the home teacher ascertains the behaviors within the child's repertoire she can begin work on those skills next in the sequence. It is helpful to begin work on skills that the parents believe to be important (parents often are quite concerned about walking, talking, or toilet-training). Remember that each behavior as stated in the Checklist, may involve anywhere from two or more intermediate steps that have to be taught before the terminal goal is achieved for a child. However, it is important to note no child is expected to precisely follow the sequences as stated on the Checklist. It is the responsibility of the home teacher to choose goals for each week that are realistic and, in fact, attainable. Teaching a child to draw a straight line may require weeks of training the child to grasp the pencil correctly, scribble, connect dots, or it may only take a few demonstrations. The challenge for each home teacher is to successfully break down tasks into their constituent parts and then arrange them in an appropriate sequence for a given child.

The PGEE is meant to be a guide and not a "cookbook" to be followed step by step. It was designed to give the home teacher a starting point and to provide assistance in program planning. Home teachers tend to depend on the Card File quite heavily initially, but in time, most teachers develop their own curriculum ideas. The back of each card is a good place to jot down new ideas. These notes serve as a point of reference for future revisions of the Guide.

It is easy to see that if the above processes are utilized each and every child will have a curriculum meeting his/her specific needs. This is as it should be, for each child and each family are unique.

cognitive

Age level	#	Behavior	Entry Behavior	Date Achieved	Comments
	55	Counts to 10 objects in imitation		2/4/76	
	56	Builds a bridge with 3 blocks in imitation	✓		
	57	Matches sequence or pattern of blocks or beads	✓		
	58	Copies series of connected V strokes VVVVVV	✓		
	59	Adds leg and/or arm to incomplete man	✓		also adds facial features
	60	Completes 6 piece puzzle without trial and error		2/4/76	
	61	Names objects as same and different			can point - not name yet
	62	Draws a square in imitation		3/11/76	
	63	Names three colors on request	✓		name red, blue, yellow
	64	Names three shapes, □, △, ○			△ not consistent
4-5	65	Picks up specified number of objects on request (1-5)			no concepts yet
	66	Names five textures			
	67	Copies triangle on request			
	68	Recalls 4 objects seen in a picture	✓		ok
	69	Names time of day associated with activities			
	70	Repeats familiar rhymes			
	71	Tells whether object is heavier or lighter (less than one pound)			
	72	Tells what's missing when one object is removed from a group of three			
	73	Names eight colors			
	74	Names penny, nickel and dime			names penny
	75	Matches symbols (letters and numbers)			
	76	Tells color of named objects			
	77	Retells five main facts from story heard 3 times			
	78	Draws a man (head, trunk, 4 limbs)	✓		see cognitive 59
	79	Sings five lines of song			
	80	Builds pyramid of 10 blocks in imitation			
	81	Names long and short			

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AGE 3-4

TITLE: Copies series of connected V strokes VVVVVV

WHAT TO DO:

1. Draw a series of V strokes. Encourage the child to trace over the letter first with his finger and later with a crayon or pencil. Help by guiding his hand.
2. Have him draw with you making one line at a time.
3. Make a row of connected V strokes. Then have the child draw more rows as you give him verbal directions "up, down, up, down."
4. Have child make a row of V strokes on paper. When he finishes make it into a picture of mountains, grass, trees, etc. for him.

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AGE 3-4

TITLE: Names objects as same and different

WHAT TO DO:

1. Put 3 sets of two identical items in a box, (two forks, two blocks, two combs). Ask child to find two things that are the same in the box.
2. Repeat above activity using pictures or textures.
3. Use assortment of paired items telling the child they are the same. Mix them up and tell the child they are different. Present pairs of same and different items to child and have him tell you if they are the same or different.
4. Help the child by giving him clues of the first sound of the word. Say, "These are the s-s-s." Let child finish word.
5. If child has difficult, initially ask him, "Are they same or different?" Gradually fade this and just ask "Tell me about these."

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4. On-Going Assessment

Once an individualized curriculum has been designed for the targeted child, the intended activities and proper teaching procedures need to be communicated to the parents. The main vehicle for this step is the weekly activity chart or prescription. It consists of a behavioral description of the skill, directions, and materials needed to carry out the activity, and a recording format which monitors the child's progress. The activity chart serves as a constant source of feedback, helping the home teacher determine if the goal for that particular week was approprate, too difficult; or too easy. The goal must be weekly success for the child and the activity chart tells whether this important goal is being achieved. A detailed description of the use of the activity chart and examples can be found in the section of this book entitled: Activity Charts (Page 53)

In summary, assessment is not viewed as a static event in the Portage Model. It is a continuous process that provides information which feeds back into curriculum planning. This is especially evident with both Curriculum Assessment and On-going Assessment which are two essential steps in the home teaching process to be described below. In the home teaching process, curriculum assessment refers to the taking of baseline in order to determine the appropriateness of a particular activity for the child. If upon taking baseline, the child performs the prescribed task to criterion, then the home teacher would not leave that activity in the home because the child has already acquired the task. If it were prescribed, the child would likely become bored with it and might therefore engage in some inappropriate behavior during the instructional period. On-going assessment refers to the taking of post-baseline in the home teaching process. This data tells whether the child has accomplished the task to the criterion listed on the activity chart. If the child has acquired the skill, then the next sequential step can be prescribed; if the child has not acquired the skill, then the activity will need to be revised to ensure success. The home teacher is continually assessing the child's performance so that this data can aid her in appropriate curriculum planning.

HOME TEACHING PROCESS

I. Teacher Takes Post-Baseline

On the first visit to the home, the home teacher would be administering the initial formal assessment, as well as beginning to informally assess the child. After completing the Checklist, the home teacher would have enough information to plan and write up one or two activity charts for the coming week. Especially at this beginning step in the home teaching process, the activities left for the parent and child should be easily attainable to insure success within a one week period of time. Also, if an activity can be found that would have immediate functional value for the child and family, it would be helpful. The home teacher should not begin with a long-term goal of toilet training for the first week's activity. Putting on a coat, finger feeding, or sorting and matching objects might be skills that the child could readily acquire, thus insuring success for parent, child, and home teacher within a one week period of time.

The home teaching process is a cycle. The home teacher collects baseline data as new activities are introduced. The parent models those activities under the home teacher's supervision and works on them during the week, recording the child's progress on the activity chart. The home teacher returns to evaluate the child's progress on the activity by taking post-baseline data after one week of teaching by the parent.

The home teacher should begin each subsequent home visit by discussing with the parent the previous week's prescriptions and then evaluating the child's progress by having him perform the activity exactly as it was prescribed on the activity chart and recording the child's responses which is post-baseline data.

This data collection, or post-baseline on the activity, provides the home teacher with feedback information on the child's readiness for the next sequential step and confirms the parental recording for the previous week. Post-baseline data indicates whether the child has been performing the task as prescribed and whether the parent has taught and recorded as instructed.

Additionally, the evaluation of the child's progress on the previous week's prescribed activities demonstrates whether transfer of learning has taken place — that is, whether the child can perform the task for two different people and in slightly different situations.

If the child has been successful, the home teacher would prescribe the next step in that developmental area. However, if the child has not met the criteria for success, the home teacher would then need to modify the prescription using the parent's suggestions and her own observations to restructure the prescription so that the child can obtain success within the next week.

A prescription or activity that has not met success criteria might be

changed to a less complex task. If, for example, the child had been required to make the verbal response, "name color of two objects on request", and had not met the criteria, the prescription might be changed to, "point to named color".

An activity could also be changed to a similar task using different materials, such as the case of a very young child who was requested to "put the block in the cup". Each time the materials were presented, the child lifted the cup as if to drink from it. The home teacher changed the activity to "put the block in the cup with physical help". The following week, the home teacher again attempted the initial prescription of "put the block in the cup", but the child still lifted the cup. The parent and home teacher decided to change the materials to a box and a bean bag. The child learned within a one-week period of time to "put the bean bag in the box on request". After this experience, the home teacher was able to prescribe and record success on the original prescription.

If the child has not achieved success on a prescription, the home teacher may need to modify or change the reinforcer. A reinforcer is an event or tangible reward immediately following a response. Changes may be necessary in the frequency or amount or reinforcement given, or in changing the kind of reinforcer (for example, a smile and "that's good work" might be changed to candy or cereal). The amount of reinforcement and how often it is given may have been reduced too rapidly or the reinforcer may not be the right one. If it does not increase the desired behavior for that child, it is not appropriate even if the home teacher thinks a child should "like" what is offered as a reinforcer.

If a child has been performing a simple task, such as putting a ring on a peg with reinforcement coming after each performance, the home teacher may try having the child put five rings on the peg before reinforcing him. If the child begins throwing the rings after placing the second one, the home teacher may need to back up and reinforce the child for two rings correctly placed, then three, until the child is gradually performing the entire task before being reinforced.

The home teacher may also need to experiment with a variety of reinforcers to find the appropriate one for a specific child. She may have a child who will perform a variety of activities for social reinforcement, such as praise or a smile, but may need primary or edible treats or a toy to do new or more difficult tasks. She may have difficulty in finding an edible reinforcer for a child who has never been consistently reinforced for performing a required task. She might try cereal, candy, pudding, ice cream, and sips of liquid only to find the child is really reinforced by green grapes or colored marshmallows. The home teacher may also need to provide a variety of reinforcers for each child so that he does not tire of performing for one reinforcer. Bits of salty cracker alternated with sips of orange juice or other liquid would keep a child working longer than either one used exclusively. The home teacher and the parents may also find it

helpful to attempt activities at mealtime when the child is naturally hungry and use portions of his regular meal as reinforcers for correct performance. The subject of reinforcement will be treated further in the next section (page 41).

The success criterion for each task may vary with the activity prescribed. If the task is an academic activity such as naming the color of objects, the home teacher may require 100 percent correct performance. If the task is in the physical or motor area, requiring a child to kick a stationary ball three feet on request, the child may be able to achieve criterion by succeeding on nine of ten trials (perhaps on the tenth trial the ball only traveled two and one-half feet). The home teacher determines by taking post-baseline if the child has met the criteria established for that task.

Once post-baseline on the previous week's activities has been recorded on the activity chart, the home teacher is ready to introduce the revised or new activities for the coming week.

II. Teacher Presents New Activity and Records Baseline

Each week the home teacher prescribes an average of three to four new activities that follow sequentially from the child's current developmental level. These activity charts should be filled out ahead of time in pencil so that the home teacher can quickly make any necessary changes in the task, its presentation to the child, or the type or method of reinforcement best suited for the child.

If one or more of the previous week's activities have not been mastered, then the home teacher may have to modify these activities and prescribe them again for the next week, perhaps adding only one or two new activities and saving the others until the child has achieved success on the modified previous week's activities. The program only goes as fast as the child's successes! Once a modified activity has been prescribed, the home teacher models the activity for the parent by demonstrating with the child. Baseline data on the modified activity is obtained at this time and recorded. The home teacher discusses the task with the parent and points out the important aids that are given in order to help the child succeed; for example, physical or verbal aid may be employed in helping the child succeed on a five-piece wooden puzzle. The parent is then asked to go through the activity with the child so that he/she feels comfortable with it and the home teacher can revise or reinforce the parent's teaching procedures. The parents are always asked for their suggestions during this process as they are the best single source of information regarding their child and how he learns best.

New activities introduced for the coming week are demonstrated to the parent in similar fashion with the baseline data recorded by the home teacher on the activity chart. Any special materials not readily available in

the home that are required for the new activity are provided and left with the parent. The emphasis at all times, however, should be on the creative use of objects already in the home as teaching tools, rather than undue dependency upon "educational toys". With a little thought given to their many possible uses, furniture, pots, pans, magazines, and books in the home can all be effectively used to stimulate the child's development. For example, furniture can be used in the teaching of prepositions. The child can acquire the concepts of "on", "under", "behind", and "in front of" by actually placing himself in these positions relative to a table or chair. Magazines can be utilized in dozens of ways — from finding pictures in a certain category, such as all the things to eat, to finding pictures which begin with a certain sound. Other household items can be used for activities in counting, discriminating (same-different), or naming.

The new activity is written on the activity chart in behavioral terms so there is no doubt as to what is being taught and recorded. (See examples in section of Activity Charts, page 53). Specific directions for presenting the activity to the child and recording the child's responses are written on the activity chart enabling the parent to refer to them throughout the week.

Recording baseline simply refers to counting and recording the number of times the child is successful on the task in relationship to the number of times the task is presented to the child prior to instruction. Thus, the child may be able to match red, green, and yellow blocks, but cannot yet point to the appropriate color on the command, "point to the _____ block". Baseline data indicates 0/3, which means the child could not point to each of the colors when asked on three trials. As the parent works with the child during the week, she records daily the number of times the child is successful on the task. Criterion or success is reached, as stated in the behavioral objective, when the child is successful on five successive trials, which would be recorded as 5/5. When the home teacher is obtaining baseline she must remember that no aids or clues are given to the child if none is prescribed in the behavioral goal when she presents the task. She is merely trying to discover the child's current status in regard to the task presented. Failure informs her that the child needs instruction to master the task.

Counting and recording the child's responses during the week generally becomes reinforcing to the parents as they graphically view their child's successes. However, the home teacher may have to sensitize the parents to this process initially as it will probably be a new activity for them. The home teacher should reinforce the parent's initial attempts at recording, giving them lots of praise for their efforts. It sometimes requires improving the parent's counting and recording behavior by reinforcing small steps along the way before they are able to grasp its importance. Remember, parents need reinforcement as much as their children do in order to learn a new skill.

III. Parent Models New Activity for the Home Teacher

As the home teacher is collecting baseline data on the activities for the coming week, she is also demonstrating to the parent how the activities should be carried out. Then the home teacher has the parent work on the activity with the child while she observes. The home teacher watches closely and reinforces the parent for her effort and appppropriate behavior. She also gives suggestions to the parent to improve her teaching techniques.

This is a vital step in the home teaching process because the parent is the child's teacher the remaining six days of the week. If the parent is not carrying through with the prescribed activity as the home teacher intended, that week has, in fact, been lost in terms of providing the appropriate sequential learning step for the child. Modeling is of particular importance when the parent and child are first enrolled in the program. Parents should learn at this point that they can be effective teachers even if they have not been so in the past. In order to learn this, the parent's teaching efforts must be reinforced by the child's learning. To ensure that this happens, observe the parent being the teacher.

The first step in having the parent model the new activity is to have her read the activity chart. The home teacher will find out at this point whether or not she has thoroughly explained the task on the activity chart. The activity chart is the only guide she will have during the week. If she does not fully understand it, she should be encouraged to say so at this time and appropriate revisions can be made. The home teacher may need to add or clarify directions, change the recording system, further define the behavioral objective itself, or give a better explanation as to what and when to reinforce or ignore.

The change required in the written directions may be minimal or unnecessary if the prescription was initially well-written. With these directions in hand, and having just watched the home teacher demonstrate the task, the parent should begin to initiate the activity. If she does it as intended, she will be able to work effectively on this task with her child during the rest of the week. The parent should be given appropriate feedback to let her know that she is doing a good job. If she is not really sure of herself, she will ask questions, or the home teacher can indicate to her the things that need to be changed. If the parent's performance is not satisfactory, it is the home teacher's responsibility to change her behavior. Tell the parent what it is that should be done differently and then have her repeat the teaching process, incorporating the new procedures suggested. Reinforce her generously.

Some examples of errors parents frequently make and how to correct them are listed below:

The Use of Appropriate vs. Inappropriate Aids:

When attempting to teach a child any new skill, it is important to break

the skill down into appropriate steps for the child. The initial steps will, in most cases, involve giving him various types and amounts of aid (e.g., prompts and various reinforcers) to achieve the task. At these initial steps, aid is written into the behavioral objective on the activity chart with the amount and type specified. When the child moves closer to achieving the skill, aid is gradually withdrawn and eventually discontinued. It is important that parents understand this and withdraw the aid as intended. Therefore, when the parent is modeling the new activity, the home teacher should be observing whether or not the parent is giving only the amount of aid that is prescribed. In addition to observing that appropriate aids are being given, the home teacher should also be aware of any inappropriate aid that the parent may unconsciously be giving the child.

The parent may be giving unintentional aid in the form of facial expressions. For example, an activity such as "Tommy will give the blue block upon request when red, blue and yellow are present" has been prescribed. The parent could, by facial expression alone, cue Tommy. When Tommy reaches for a blue block, she smiles, looks pleased, and expectant. If Tommy reaches for the yellow block, the mother frowns or shows no expression. In this case, the home teacher should inform the parent that giving aid and reinforcement, even in this form, is to be withheld until the child has completed the task.

If the child is asked to give the parent a certain number of blocks, the parent could give inappropriate aid by gesture. The parent may ask for three blocks, extend her hand, and then wait until the child has put three blocks into it. As soon as the child drops the third block, the parent closes and withdraws her hand. In essence she has not allowed the child the opportunity to make an error by putting a fourth block into her hand. In much the same way, when the child puts only two blocks into her hand when a request for three has been made, the parent may leave her hand conspicuously extended. The child immediately senses that the parent is waiting for something, probably another block.

If the home teacher continues to use the method of having the child put the blocks in the parent's hand, then the parent's behavior must be modified. The parent should be instructed to leave her hand extended each time and require the child to signal that he has put the number of blocks he feels is correct into her hand. After this signal is given, the parent reinforces him if the number is correct. The entire problem could be avoided by having the child put the required number of blocks into a box, pegs in a pegboard, or felt shapes onto a felt board instead of putting them in the parent's hand.

Aid in the form of inappropriate gestures which cue the child could be given with other types of activities; for instance, in picture identification activities. Tommy is asked to identify pictures of animals. The parent asks Tommy to give her the pig and extends her hand directly above the picture of the pig. As she continues with the activity, she does the same with each

animal she requests Tommy to give her. It will not take Tommy long to discover that he does not have to discriminate between pigs, dogs, and horses if the parent is doing it for him. In this case the parent should be instructed to hold her hand in a more neutral position, for instance, in front of her rather than above the pictures. The home teacher could also change the prescription so that Tommy only had to point to the picture. This type of aid is quite obvious, but children recognize cues as subtle as the parent looking at the picture she is asking the child to point to or give her. The home teacher may be able to detect this if Tommy was not able to correctly identify a single animal for her when she collected baseline, but as soon as the parent started working with Tommy he increased to seven out of ten animals pointed to correctly.

It is important for both the parent and home teacher to change the position of the pictures and not always request the picture on the right, on the left, or in the middle. If the parent consistently asks for the picture in a particular position, the child will soon learn that the postion of the picture is a determining factor. In the same way, the parent could cue the child by removing the picture just identified, replacing it with another one, and then always requesting the picture she has added.

An example of a skill which could be taught by initially giving maximum aid and gradually reducing aid until the child performs the skill independently, is teaching a child to put puzzles together. To teach this skill to a child who had never put puzzles together, the home teacher may begin by physically aiding the child in grasping the puzzle piece, moving it to the puzzle board, and then fitting it into its proper place. The home teacher would gradually fade the physical aid, replace it with verbal directions, and eventually require the child to put more complex puzzles together without aid. When the child is able to do puzzles independently, he may still need to be encouraged to keep working until the task is completed. At this level, the parent would be correct in saying things like, "keep on trying, you'll get it". However, if she's saying things like "try the other hole", she is in fact aiding the child with verbal cues. These aides may have been appropriate at another level of teaching the skill, where giving the child cues in the strategy of putting puzzles together would be reinforced by fitting the piece into its proper place. The intention of the final steps prescribed without aid is to see that the process has been developed; therefore, this type of aid would be inappropriate. If the parent is continuing to give this type of aid, she should be told that it is inappropriate at this level and the correct procedure should be made clear to her.

In summary, when aid is appropriate in a prescription, the type and amount should be specified on the activity chart. The home teacher should make certain that the parent is giving the proper amount when she models the activity. Many types of aid are appropriate for the initial learning steps,

but when a prescription is written in the form that "the child will _____ without aid"; no aid should be given.

Reinforcement: In addition to carrying out the teaching activity in the intended manner, it is also important for the parent to reinforce the child appropriately. Some suggested rules to be followed are:

1. Reinforcers are things and activities that children like, not things that adults think children like
2. Reinforcement should be given as immediately upon completion of the task as possible
3. Primary reinforcers (candy, cereal, pop, and anything else kids like to eat) and secondary reinforcers (stickers, charts, happy faces, and tokens) should always be coupled with verbal praise (social reinforcement)
4. Be consistent; establish a pattern of reinforcement and follow through with it

If the reinforcer is not given very closely in time after the desired response occurs, other behaviors may occur and are reinforced rather than the desired ones. For example, when working to establish eye contact using a primary reinforcer like candy, it is important to reinforce the behavior immediately. The child maintains eye contact for the prescribed amount of time, the parent says "good work", and then begins to look for her candy. In the meantime, the child has started looking around the room. Then the candy is finally located and given to the child. In this situation eye contact has not been reinforced, but rather the behavior of looking around the room. The association most likely to be made is that of the two events occurring the closest in time. Operant behavior (practically all behavior taught is operant behavior) is learned and maintained by its consequences. Therefore, be very systematic about providing the consequences to ensure that the correct associations are being made and the desired behaviors are increased or are at least maintained.

Occasionally parents object to the use of edible reinforcers in teaching their children. They see it as a form of bribery and feel that children should do things because adults want them to and not because they are, in a sense, being paid to perform. If the parents refuse to use edible reinforcers, the home teacher may have to begin by using secondary reinforcers. If this does not result in success and primary reinforcers are needed, there are several different methods of convincing parents to use them. One way may be to simply explain that their method has been tried without achieving success. Then ask if they will use edible reinforcers to see if they work. The best way to convince anyone of anything is to prove to them that it is effective. Once they see how effective it can be, they will be more willing to use it in the future.

In many ways, the use of reinforcement follows the same pattern as the use of aid in teaching new skills. The home teacher will use a lot of reinforcers of the primary type when first working with a child. After a child learns the principle that "if I do good things, some good things happen to me", fewer reinforcers will be needed. For instance, at the beginning of the program the child may require a treat each and every time he produces a correct response. In another type of activity, he may require a treat every time he approximates a correct response or even initiates a first step in behavior. Work toward using fewer primary reinforcers and more secondary reinforcers, always accompanying them with social reinforcement. Hopefully, the home teacher can teach the child to keep working and achieve success with only the use of social reinforcers. Concurrently, the home teacher is working toward having the child perform more correct behaviors before he receives a reinforcer. For instance, the home teacher may begin by giving a reinforcer for naming the color blue. Later a series of three correct color names is required before the reward is given. Parents who are not delighted with so-called "bribery" may accept primary reinforcement more readily when it is explained and they realize that the long-term goal is to withdraw the edible reinforcers when they are no longer necessary. However, when a child begins working for social praise alone, it may still be necessary to go back to using treats to motivate the child to attempt new and more difficult tasks.

If the method of encouraging the parent to use primary reinforcement is to demonstrate its effectiveness, it is especially important that she uses it correctly so that it can be effective. Therefore, it is also necessary to observe the manner in which the parent reinforces her child and to aid her in being systematic in its use.

When using praise in addition to other reinforcers or when using it independently it should be given enthusiastically and generously. It cannot serve as a strengthening mechanism if the child can barely detect the difference between no reinforcement and verbal praise. Parents should say things like "good, great, terrific, . . ." and accompany them with smiles and hand clapping. Let the child know by words and actions that people are pleased with what he did; that he performed the activity correctly.

In addition to parents who object to the use of various reinforcers, the home teacher may also encounter those who object to time-out procedures and the use of the principle of ignoring undesirable behavior and attending to and reinforcing desirable behavior. One way to convince a parent to use time-out procedures is similar to the method used to encourage them to use primary reinforcement. If the child was being spanked whenever he tantrumed, but is still displaying tantrum behavior, then spankings were not effective. Suggest that they try another method to see if it will work. Of course, the home teacher should always include the information that the first few occasions time-out is used, the behavior may get worse before it gets better. One of the best ways to demonstrate to a parent that ignoring

behavior decreases its occurrence and attending to it increases it, is to point out any one of a number of inappropriate behaviors that are attended to and consequently occur more frequently. If the child slaps his head and says "aah" when he answers incorrectly, and the parent laughs at this, the child will most likely repeat the behavior or one similar to it. After this occurs two or three times, the action is no longer funny and is inappropriate. Once the behavior is consistently ignored, the behavior weakens and disappears.

Many parents need a very careful explanation and demonstration regarding the precise meaning of the word "ignore" as it relates to both time-out and ignoring undesirable behavior. If time-out is the procedure prescribed for the occurrence of tantrum behavior, the parent would put the child in the time-out area as soon as he began to display tantrum behavior and leave him there until the behavior had stopped. If, when John is put in the time-out chair for tantrums, the parent begins to explain to him in the following way the reason for his being there, time-out cannot be effective in reducing undesired behavior: "John, we're not going to have any of that screaming and crying around here any more. I'm going to put you in the naughty chair and you're going to stay there until you calm down. You know mom doesn't want you to have any cookies now because it's almost lunch time. Now, when I say no, I mean no" . . .and so on.

This parent's definition of the word "ignore" probably got John more attention than he had all day. If John's tantrum did not get John a cookie, it certainly got him a lot of attention, which in John's opinion may even be better than cookies. To ignore a child while he is in time-out or while he is engaging in undesirable behavior means that the parent does not look at him, does not talk to him, does not show any other visible or audible sign of being disturbed, but simply goes about her own business as though it were not happening. At the same time, it is necessary for the parent to look for the appropriate behaviors and reinforce them.

A last and very important point with regard to changing the child's behavior: The home teacher and the parents must be consistent. If time-out is made contingent on tantrums or any other behavior, it must be done each and every time the behavior occurs. If, on a single occasion, the tantrum is reinforced, the child has another experience that says, "yes, I can get the things I want this way." He now knows it may take longer, but he also knows that it will work. The same is true of a child who cries when put to bed. Once he is convinced that it does not matter that he cries and that he will not get attention, he will stop crying. However, if after six days of ignoring his crying, the parent goes up to his room, she has only taught the child that he must cry longer and possibly more frequently, but that he can still get the parent up to the bedroom by crying.

Does the Parent Model for All Activities? The range of activities that could be prescribed for children is very wide. In addition to the behaviors

which fall into the developmental categories of motor, self-help, socialization, cognition, and communication there also will be prescriptions in the areas of behavior control and parent-child relationship. It is far easier to have the parent model some of these behaviors than it is to have her model others. For instance, it is very easy to observe the parent teaching her child to name the color blue, but observing the parent putting her child into time-out for tantrum behavior is much more difficult. Some other behaviors which are more difficult to have the parent model are toilet training procedures, self-feeding techniques, self-dressing, and child-will-stay-in-own-bed activities. Many of these behaviors are best dealt with in the situations in which they occur.

When the home teacher is teaching feeding behavior, she may change her home visit time so that she is at the home during mealtime. If Mary is to learn to feed herself, the best time to observe this behavior would be when she is hungry. Mary's incentive to hold her own spoon is going to be much greater when she is hungry than when she has just had her breakfast. In this situation, the food she puts into her mouth will be the reinforcer. If she has just eaten, food is not going to be much of a reinforcer, but if she is hungry and is attempting to eat a preferred food, her behavior of getting the food into the spoon and bringing it to her mouth is going to be strongly reinforced by the contingent food. This is a functional situation in that Mary is hungry. It is also a functional situation for the parent whose task it is to see that Mary is fed. She will have to contend with the regular mealtime events as well as see that Mary is using her spoon to obtain her food. If the schedule cannot be changed to be at a particular home at mealtime, the home teacher could suggest to the parent that she feed Mary a small breakfast and give her no snacks before the home teacher arrives for a 10:30 a.m. home visit.

The home teacher may also want to observe the parent toilet training her child. If the behavior does not occur naturally during the course of the home visit, have the child drink liquids. Then after a certain period, the occasion to observe the parent and child will arise.

Some of the initial steps in teaching a new self-help skill may be presented in an artificial situation. For example, the home teacher may begin to teach a child to button by using a button board or the child's coat placed on the floor or table. It would be quite easy to have the parent model the teaching of this activity. When the child has progressed to the step where he is practicing buttoning his own sweater, shirt, or jacket, he should be practicing the skill when the occasion arises naturally. This is more difficult to model. If Johnny buttons his jacket only in an artificial situation while the parent records, the behavior is not developing into a useful self-help skill. When Johnny wants to go outside to play or when he wants to go along with the parent to the grocery store, it would be a very good occasion to practice and record this skill. If such situations occur during a home visit, even though the activity was not prescribed for that

week, discuss it with the parent and make her aware that her child should be using the skills he has learned.

Tantrums are another behavior that may not always occur during the course of a home visit when the home teacher would either like to model for the parent or have the parent model the appropriate consequence. The parent reveals that her child is having fifteen tantrums a day. The home teacher decides to observe one of these tantrums so that she can help the parent cope with it. It may be necessary for the home teacher to instigate a tantrum by identifying situations in which the child tantrums. If the child usually has a tantrum when requested to clean his room, the home teacher may want to have the parent tell the child clean his room while she is present. The home teacher may want to do this to model a procedure for handling the behavior, to observe the parent carrying out the prescribed procedure, or to simply observe what type of behavior the parent has termed "tantrum".

Every activity that is prescribed for the child should be modeled by the parent for the home teacher. Some of these behaviors will be more difficult for the parent to model than others, but it is the home teacher's responsibility to teach the parent to be effective in teaching her child. Therefore, in order for the home teacher to be sure that she is fulfilling this responsibility, she must be convinced that the parent is teaching the activities as prescribed. The only way to know that the parent is doing what is prescribed is to observe her teaching and to modify her teaching behavior as needed.

How Long Does the Parent Model for the Home Teacher? There are two meanings to this question. The first is how many times does the parent model teaching a specific activity — how many presentations. The second is how long during the course of time in which the child is enrolled in a program does the parent continue to model the teaching of the prescription.

The parent should model a particular activity enough times to demonstrate that she is teaching it correctly. The home teacher would not ask the parent to model only a single time. If the activity is a picture naming activity, she should not ask only once "Johnny, what is this?". She should continue to ask the question as many times as the prescription specifies. If the parent has been working with similar teaching tasks in previous week's activities, she may only need to go through five presentations rather than all ten if the home teacher is reasonably sure of her performance. There should be enough successful trials to insure that this is a skill that has been learned.

The parent's teaching skills should become better developed and more effective throughout the course of the program year. When the parent has demonstrated consistently the successful use of a teaching technique or the teaching of a specific skill, it may no longer be necessary for her to

model that particular skill or technique for the home teacher. However, when a new skill is being presented, the parent should be required to model the teaching of that skill. The same is true when the use of a new teaching technique is introduced. When a child is taught a new skill aid is given and the same would hold true in working with the parent. The only way a parent can be given this aid and the home teacher can determine that the parent is developing a new skill is to observe her performance.

Observation of the parent should not be limited to the time in which the parent is modeling the teaching of a prescribed activity. While the home teacher is in the home, the parent is displaying her teaching and parenting skills in a variety of situations. It is appropriate for the home teacher to give suggestions in these informal teaching situations. When the child is taught a skill, it is hoped that the skill will generalize to new situations. The long-range goal for the parent should be the same. The intent in teaching the parent to teach the child is not that she be able to teach her child only the skills written on the activity chart and use them solely with the child enrolled in the program. The parent should be able to use these teaching techniques throughout the day and with all of her children. The parent should also take these skills and use them in new and different situations. The parent should not be dependent upon the home teacher. If this is the case, the parent has not benefited from the program to the extent that the child has. The goal is that parents learn and demonstrate the process of teaching. The program should not be an end in itself. The particular parent and child will not remain in the program forever. The program is only a springboard to another level of training. When the child enters school, he and his parents should continue to use the skills they have acquired. The parents, as well as the child, should continue to expand their skills. When the child is experiencing difficulties in school, including learning new skills, the parent should be able to draw upon her experience as a teacher and help the child in the same manner that she did when she had a home teacher.

IV. Parent and Home Teacher Review Activities and Recording Procedure

The final step in the home teaching process is to review the activities and recording procedures with the parent. The parent has previously modeled the activity for the home teacher. After actually performing the activity the parent can ask the home teacher any questions she has concerning the actual teaching of the task.

The questions parents ask are generally related to the activity. The parent may simply restate the directions in her own words and ask the home teacher if that is what she intended.

Occasionally parents may ask about the purpose of an activity. The home teacher should always be prepared to justify any activity she is prescribing. She should be able to explain to the parent the importance of a particular behavior. If the home teacher cannot explain the value of an

activity, she should reconsider prescribing it.

When an activity is prescribed for reducing tantrum behavior or for a child staying in bed at night, the parents often ask questions such as "What do I do if he gets angry and bangs his head, or what if he cries and wakes up his sister?". Especially when the method of changing a particular behavior may result in behavioral excesses on the part of the child, the home teacher should inform the parent of what to expect and even how to handle the unexpected.

The purpose of reviewing the recording system is to ensure that the parent knows what type of recording is done when a particular behavior occurs. One way the home teacher can be assured that the parent is recording accurately is to have the parent record while she models the new activity. Any questions she has concerning correct or incorrect responses and how to record them can then be answered.

The amount of review necessary varies with each parent. Many parents readily understand the activities and the recording procedures. In this case a concise reiteration of the methods would be sufficient. However, when a home teacher is working with an intellectually limited parent, more time may be required for modeling and review of the activities. With parents who do not read, it is necessary to rely heavily upon modeling and verbal instruction. In this situation, it is especially important that the home teacher have the parent model the activities for her and review every step of each activity.

Recording procedures can be simplified to facilitate parental recording. If a prescription for matching or naming colors is left in the home, the recording chart would not be set up with the words yellow and green and the number of trials written on the side of the graph. The graph could consist of five yellow dots and five green dots. The parents would mark beside each colored dot to indicate either a correct or incorrect response. This way the parent would know that she had given the appropriate number of trials without the confusion of the numbers and words.

A tape recorder can be an effective means of teaching a child a skill that the parent does not have. If a parent was only able to count to seven, but the child was ready to learn to county to ten, a tape recorder could be left in the home with a tape demonstrating counting from one to ten. The child could even be taught to operate the recorder if the play button was colored green and the stop button red. The parent could mark the graph each time the activity was presented. The home teacher's post baseline data would indicate how far the child could count. The parent's recording would show that she did work on the activity.

Strips of masking tape on a table or board is another simplified method of recording. The procedure for teaching the activity is explained to the parent. Then a number of strips of tape equal to the number of trials for each day is put on the table or board. An activity to be practiced five times a

day would be set up so that there would be seven sets of five strips of tape. When the parent worked with the child she would pull off a strip of tape for each correct response. When the home teacher returned at the end of the week she would know by the number of strips of tape remaining how well the child was doing. The tape could be coded for different activities. The home teacher would then transfer this data to the graph on the activity chart.

The methods mentioned here are only a few of many recording systems that have been devised. Each home teacher must set up activities and recording systems that meet the needs of the individual parents with whom she is working.

The parent works with the child the remaining six days of the week. Parents are encouraged to contact the teacher between home visits if the child is not learning the skill; necessary changes can be made at that time.

WORKING WITH PARENTS:

THE WHY'S AND THE HOW'S

This educational model utilizes the child's first and potentially best teachers — his parents.

In fact, this model of early intervention is totally dependent on the parents for success. A home visit, one day a week for one and one-half hours is not, obviously, enough time for a child to learn developmental skills. However, it is the parents who teach the child during the week. The home visit is designed to teach the parent how to present information to be learned, how to reinforce, and how to record and assess the child's performance on the weekly curriculum. The home teacher teaches the parents and the parents teach the child.

Parents are the single most important people in any child's life. A child will have many teachers, but typically only one set of parents; and parents know their child better than any teacher ever will. Thus, it makes sense to give parents the skills they need to teach their children.

What skills do parents bring to their children? There are as many answers to that question as there are parents. From the moment a child is born, all parents present their children with opportunities to learn. They reinforce, extinguish, and modify their children's behaviors. The degree to which parents succeed in teaching appropriate behaviors and aiding their child's progress toward learning new behaviors is dependent on, to a great extent, their own past experience as parents and the goals they set for their child.

An infant who responds to the mother's expectations of what a baby should do reinforces the mother's parenting behavior. She is receiving positive feedback from her child and, therefore, tends to see herself as a successful mother. Thus, she will likely continue to stimulate the baby and reinforce new behaviors as they occur.

But, what about the child who doesn't conform to parental expectations? For instance, what if a mother has an "unresponsive" baby, one who doesn't coo or gurgle or respond to physical or verbal attentions to the degree the mother expects? She is not going to be reinforced for cooing to her baby or playing with him affectionately because she is not getting positive feedback. As the parenting behaviors continue to go unreinforced, the mother's stimulation will become less intense and frequent. This situation decreases the likelihood of the baby responding since less stimulation is offered.

These brief examples illustrate the basic role of learning: We (teachers included!) tend to repeat those behaviors that are satisfying and reinforcing, and conversely, tend not to repeat those behaviors that are punishing or non-reinforcing. Certainly not seeing oneself as a successful parent is terribly punishing! The attempts to teach decrease, which in turn,

reduces the likelihood of success. After all, why continue trying if failure continually results?

Parents of handicapped children are not likely to see themselves as capable teachers. It is easy to understand why. Most parents have had little or no exposure to, or experience with, handicapped children — until they have one.

What typically happens next is that a professional applies a label. Johnny Jones becomes a mongoloid, a spina bifida, a schizophrenic, or a cerebral palsied child. Then follows the conflicting advice: "He'll grow out of it"; "Put him in an institution"; "There's nothing you can do — take him home and love him". Most parents don't give up that easily and yet, success is infrequent. The problem is that too often parents only have their own past experience upon which to rely, but what worked with the handicapped child's normal siblings just doesn't work with this child. Eventually, the most normal and natural reaction, when faced with consistent failure, is to give up — to stop trying.

Yet, every parent wants his child to attain his maximum potential however limited or great that potential may be. But parents come to feel that someone else can better do the job.

How to Help Parents Become Successful. There are several ways to help parents become successful:

1. Set goals that can be accomplished within a one week period
2. Model for the parents — <u>show</u> them, don't just tell them what to do
3. After modeling for the parents, let them take over and work on the same activity with the child while you observe
4. Reinforce the parents, let them know they are doing it correctly
5. It is as important to individualize for the parents, based on their present behavior, as it is to individualize for the child
6. Involve the parents in planning appropriate goals for the child

Setting Weekly Curriculum Goals: In planning individualized goals for a child, and the parents who are going to teach him, it is important that the goal be one that can be achieved within one week. (This is assuming the program provides weekly home visits to each family.) There may be times that this goal will not be met; however, it is extremely important that success comes frequently and quickly, especially in the beginning. When the child succeeds, the parents succeed.

Choosing the goals and writing the prescription are among the most difficult tasks the home teacher faces. A great deal hinges on these choices. Yet, how does one choose? The home teacher has assessed the

child and found out that the child, among other things, is not toilet trained, doesn't feed himself, has tantrums, doesn't imitate sounds, can't sort primary colors, and can't hop. Where does the home teacher begin? The answer is — begin where the child is — with what he can already do. He does stay dry for one and one-half hours; he can hold a spoon, dip it and get it to his mouth with help; he does make vowel sounds and some consonant sounds spontaneously; he can sort blue plastic cars from blue plastic spoons; and he does respond to praise and smiles. It helps to look at the things the child can do, rather than the things he can't. Now — what could be appropriate beginning activities? Here are a few possibilities:

1. The family members will take Johnny into the bathroom with them and will model toileting behaviors
2. The mother will place Johnny on the potty every one and one-half hours for no more than five minutes. If Johnny goes, he will be given praise and a happy face sticker to put on the bathroom door
3. The mother will put Johnny in training pants during the day (not diapers)
4. Johnny will sort red plastic cars and yellow plastic spoons into two groups
5. Johnny will dip spoon into sticky cereal (oatmeal) without help, will hold spoon without help, and will guide spoon to mouth with minimum aid (slight pressure on his elbow)
6. The mother will count the number of tantrums Johnny has each day (baseline information)
7. The mother will imitate any sound Johnny makes and will count the number of times Johnny imitates her
8. Johnny will stand on one foot without support for five seconds

The choice of activities would depend totally on our mythical Johnny. He determines the curriculum. The choice, in the beginning, should be based as much on the likelihood of success as on the importance of the skill.

Show the Parent What to Do and How to Do It: In teaching any new skill, it is extremely important to show or model the behavior that is expected. For instance, in teaching a child colors, it would be inappropriate to say, "Okay Johnny, sort colors". Rather, the home teacher would model for the child. Adults being taught new skills also learn better when given concrete examples. A parent is much more likely to deal with tantrums in the suggested way if shown how to do it than if simply told how to do it. The home teacher should not be afraid of trying and failing in front of the parents. She is showing that it is all right not to always experience immediate success as long as the prescription is then modified

to achieve success. Model problem-solving behavior. **Never give up.** There is always a solution.

Have the Parent Practice Teaching the Skill: The purpose of the home visit is to teach the parent to teach the child. One condition necessary for learning is the opportunity to practice. The mother has seen the home teacher work with her child and succeed. Now she needs to experience the same success, and there is a major difference between seeing an activity being taught and doing it yourself. The parent needs to know she can be successful in the home teacher's presence. Then she will be more likely to carry out the activity when the home teacher is not there.

Reinforce the Parent: Another condition necessary for learning new skills is reinforcement. Just as the child is more likely to perform behaviors that are reinforced, so too the parent. Let her know, tell her when she is doing it right! Also, do not expect perfection from the parents immediately. Applying good teaching techniques may mean the breaking of long established parental behavior patterns. Not uncommon examples include: frequently doing things for the child that he can do for himself, ignoring "good" behaviors and attending to "bad ones, and not talking to the child because he never responds. It does take time, practice, and reinforcement to change old patterns, and parents should be praised for improvements. Small improvements lead to big ones!

Individualize for Parents: Some parents have experienced so much failure in the past, that they do not want to try again. To change this "I give up" behavior to "I did it!" behavior may mean offering the parent a more tangible reinforcer than praise. In one home, where the mother had to walk 3/4 of a mile to get water for the family for the week, the home teacher got the water if the child succeeded on the activity (which meant the parent had to teach it!). In another situation, the home teacher and parent drank a beer together and socialized after the home visit if the child accomplished the skill (it was the last visit of the day!).

These rather atypical examples serve to show that in the beginning praise alone may not be enough to motivate some parents. However, once they see that they can succeed and that their child can learn as a result of their teaching, that will keep them going. Success is the greatest reinforcer of all, but in some cases extraordinary measures need to be taken just to get the parents going so that they can experience success.

Involve the Parent in Planning: As the parent experiences success in

teaching her child, include her more frequently in helping to plan weekly goals. Reduce your help as the parent gains in skill. Thus, she will not become dependent on the home teacher, but instead becomes confident and self-reliant in planning the curriculum as well as teaching it. Remember not everyone learns at the same rate — some parents will reach this stage six months after program initiation, some after several years. Fade or reduce aid as the parent demonstrates readiness, but always be ready to give support and reinforcement based on her needs.

A Few Final Comments: The Portage Project is an educational model. The only reason for being in the home is to teach the parent to teach the child. Yet, very often a close relationship is developed based on the mutual reliance between the home teacher and parent, with the child as the major focal point. Trust and confidence between the teacher and parent are necessary ingredients. Thus, it will not be unusual for the parents to confide in the home teacher, and that confidence must be maintained.

It is important to be task-oriented during the home visit. There is much to do, yet there is usually some time left for having a cup of coffee and socializing. The parent may talk about marital, financial, or personal problems, and the home teacher can and should refer the parent to agencies or people who are trained to help. The teacher's expertise is in teaching — not social work, counseling, psychology, psychiatry, etc.; however it is her responsibility to inform the parents of existing community resources that can meet the additional family needs. The parents make the decision to contact the suggested resources. The option and decision must be left with the parents.

Determine an appropriate day and time for home visits. If there is a change, inform the parent so she will know what to expect. Don't just "drop by". Because a family has a handicapped child or may be in need of a variety of help, does not mean the family should forfeit their right to privacy or courtesy. It is important to remember that the home teacher is a guest in each home and can only maintain the child-parent-teacher relationship with the parent's consent.

The Portage Project has found no relationship between the parents' socio-economic level and their ability or willingness to work with their children. Home conditions and parental value systems vary considerably and it is extremely vital to realize and accept that the home teacher is in the home to aid the parent in acquiring teaching skills, not to change life styles or value systems.

The parent-teacher relationship is one built on mutual respect and need for what each can bring to the child. This relationship with the parents and families may well be one of the most satisfying and rewarding a home teacher will ever experience.

REPORTING AND STAFF MEETINGS

Activity Chart, Progress Report, and Behavioral Log: The activity chart is prepared by the home teacher and describes in behavioral terms, the goal to be accomplished, how often the skill is to be practiced, what to reinforce, and how to reinforce (see Figure 1). This chart is used by the parent to record behavior each day for each prescription. Three to five charts will be kept by the parents each week in several of the five developmental areas. The chart is particularly helpful because parents can see daily changes in their child's behavior.

The data or information from the activity chart is recorded on a Weekly Progress Report for each child (see Figure 2). The Weekly Progress Report is completed by the home teacher after each weekly visit. It notes progress information and serves as an ongoing lesson plan for the teacher. The baseline and post-baseline information is recorded and the activities or prescriptions which have been successful are noted so that credit can be given. This serves as a basis for planning prescriptions for the following week, whether they be new or modified. Other home visit activities, parental comments, and additional information can be reported to complete the weekly ongoing assessment of each child.

The record of activities which has been prescribed can then be transferred to the Behavioral Evaluation Log for each child (see Figure 3). Listed in the Behavioral Evaluation Log are the specific goals prescribed for each child and the date prescribed. When a child has mastered the skill, whether within a week, two weeks or longer, the date accomplished is noted on the chart. This allows access to information on what activities each child is working on at the present time, as well as what activities have been previously prescribed, the duration of these prescriptions, and the areas of development stressed for each child.

The above information is not only useful for evaluation of progress, but is useful also in identifying possible problematic areas of development and is a valuable history for planning future instruction. The clear documentation of tasks accomplished can be invaluable in facilitating the transfer of a child within the program or to another program. This information is used to complete a year-end report which is made available to other resource people concerned with the child. When the child is placed in a classroom program, the new teacher is sent a copy of this report detailing the child's current behavioral repertoire as well as his emerging skills.

Figure 1

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Brenda

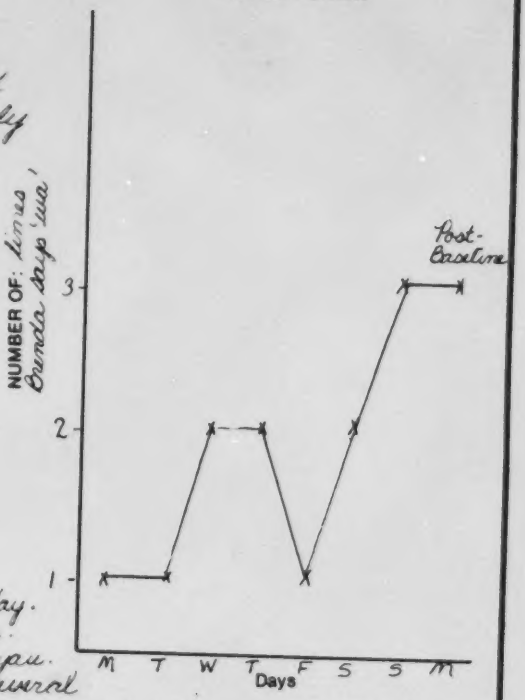
Home Teacher's Name Jean

Week of Dec. 7

BEHAVIOR:

Brenda will say the sound 'wa' as in 'water' with aid 3 trials, 3 times daily

ACTIVITY CHART



DIRECTIONS:

Record 1st 3 trials each day.
Practice 3 times each day.
Sit Brenda in front of you.
Make the 'wa' sound several times and have Brenda watch you as you do this. Then use the mirror and encourage Brenda to watch you by looking into the mirror. Use your fingers to gently guide Brenda's mouth into position and ask her to repeat 'wa' after you and encourage her to look at herself in the mirror as she does this. Praise Brenda for each attempt and as Brenda begins to consistently repeat the 'wa' sound, reduce the pressure on the mouth. Continue praising success.

PORTAGE PROJECT **WEEKLY PROGRESS REPORT** **Date** Dec 14

Child's Name Brenda **Home Teacher** Joan

I. Child's Progress

Developmental Area	Prescribed Activity (Behavior Description)	Original Baseline	Week's Post Basel	Credit
Language	The child will make the initial sound of /w/ as in water w/aid 3 trials each day.	1/3	3/3	*
Cognitive	The child will hand 1, 2, 3 items on request 3 trials each.	2/9	6/9	
Motor	The child will jump w/feet together from bottom stair step (w/phys. cue of pressing hands).	2/5	5/5	*

II. Prescription for Coming Week

Developmental Area	Activity (Behavior Description)	Baseline	Reinforcement	New or Continued
Language	Speech exercises - games 1) Blow feather across table 2) Lick honey from outside of lips 3) Blow ping-pong ball up inclined plane	2/3 1/3 1/3	Piece of cereal and praise	Cont.
Motor	Tricycle riding (max. aid)	2/4	Sips of juice and praise	New

Figure 2A

III. Home Visit Activities

Developmental Area	Activity (Behavior Description)	Review Prescribed or not Prescribed	Baseline	Post Basal	Credit
	Reviewed prescribed activities Worked on prescriptions				
Auditory P-C	Read story to Brenda	N. P.	0/1	1/1	*

IV. Teacher-Child Relationship

Brenda was very cooperative but she tired easily. This may be due to her new medication.

V. Parent's Comments

Brenda had a good week. She worked well and liked doing her work. I'm glad we're working on speech sounds.

VI. Log Information (Dr. appointments, clinic appointments, other important information)

Clinic appointment on December 19, 1973.

Figure 2B

BEHAVIOR EVALUATION

Period 9/3/73 - 10/19/73

Child Jim

Teacher Jean

Special Goal	Date	Date Accomplished					
attends to tasks - 10 min.	9/3					10/2	
places ○ + □ in formboard w/help	9/3	9/10		9/10			
" " " " no trials + errors	9/10	9/17		9/17			
strings 5 beads in 2 min. - no aid	9/10			9/17			
stands on one foot 5 sec. w/support	9/10			9/17			
" " " " " no support	9/17			10/2			
names 7 action pictures in imit.	9/17		9/24				9/24
" " " no model	9/24		10/2				
names pictures using 3 word phrase	9/24						
puts on pants - no aid	10/2				10/9		
hops on one foot in place with support	10/2			10/9			
unbuttons 4 buttons - pushed ½ way through hole	10/2			10/16	10/16		
" " - no aid	10/9			10/16	10/16		
traces letters M + N w/finger	10/9	10/16					
draws letters M + N by connecting dots	10/9	10/16					
draws □ by connecting 4 dots	10/16	10/23		10/23			
buttons 4 buttons - pushed ½ way through hole	10/16						
draws □ in imitation of model	10/16	10/23		10/23			
Total							

Cognitive	Communicative	Motor	Self-Help	Socialization	Parent/Child

Weekly Staff Meetings

The home teacher serves the parents and children four and one-half days each week. It is necessary to reserve at least one-half day each week for staff meetings. These staff meetings are a vital part of any home teaching program. They provide a time for all home teachers to meet with each other, the master teacher and/or administrators, and the resource staff. During this time they can check out new materials, return those no longer needed, turn in weekly progress reports, handle any business matters that have come up during the week, make phone calls, and pickup supplies. However, the majority of staffing time should be utilized as a sharing and problem-solving session. This group approach to problem solving provides a learning experience for all staff members as well as serving to reinforce them for their successes during the week.

Informal Staffing: During the course of the week, home teachers are faced with various problems in teaching parents and children. They are encouraged to discuss these problems with the entire group during he informal staffing. When a home teacher is having difficulty changing the behavior of a parent or child, she presents the problem to the group. She gives background information about the parent or child and tells the methods she has already tried in changing the behavior. The rest of the group, with their wide variety of backgrounds, then suggests ways to modify the behavior or to teach a particular task. The home teacher who has presented the problem then decides which of the suggestions she will implement with that child or parent. The prescription is recorded in a log. When the prescription has been implemented and its effects known, the home teacher reports to the group at a later staff meeting as to the effectiveness of the suggestion that was given.

This group approach has proven to be very beneficial. A home teacher who would ask only one other home teacher for a suggestion generally would be given a single suggestion or several suggestions from a single viewpoint. The group as a whole can usually produce many suggestions for an effective prescription and the most appropriate can be implemented. All of the home teachers can learn from the experience. Although they may not be having difficulty with the same behavior, they do find out what method was successful for another home teacher. Later, if confronted with the same problem, they will be more effective in modifying that behavior. This type of group interaction encourages communication and cohesiveness among all staff members.

The informal staffing provides an opportunity to not only discuss problems, but also to share ideas and successes. Home teachers need to be reinforced too! The staff should always be encouraged to share their successes and unique ideas, and some time should be designated especially for the purpose at least once a month. At this time home

teachers tell about the successes they have had with parents or children: gains a child is making, parents who are effective in carrying out activities, changes in behavior of parents or children, items that were effective reinforcers, a novel method of recording, or a child recording a parent's behavior.

Formal Staffing: A formal staffing occurs when a home teacher has a resource person accompany her on a home visit to either assess the child or observe and give suggestions for curriculum. Minor problems are handled effectively at the informal staffings, but a family or child with special needs may require an additional person in the home to help resolve problems. The reasons resource personnel are requested to accompany a home teacher are: need for a psychologist to do additional assessment on the child, a speech clinician to assess the child's language functioning and aid in planning curriculum, or another home teacher to observe a home visit to get another opinion on a particular behavior which is occurring.

After the resource person visits the home with the home teacher, they discuss the results and make recommendations. These results and recommendations are included in a written report and this is placed in the child's permanent file.

The Portage Model does not require that each child be seen and evaluated by specialists. The home teacher, with the resources of the other staff members, is expected to be able to handle problems in all areas of development. However, when a special need arises, resource staff should be available from that agency or from the surrounding community.

THE ACTIVITY CHARTS

The activity charts, which are prepared before the home teacher arrives at the home, are left with the parents after the completion of the home visit. They are to be used by the parents throughout the week and are prepared in pencil so the home teacher can make any changes necessary to help the child succeed. There is one activity chart for each activity prescribed.

The activity chart (see Figure 4) is composed of five basic parts. The first is the identification information: the child's name, the home teacher's name, and the date. The second part is the behavior or the objective to be learned. This is a statement of exactly what is to be accomplished and must be written in terms that are very definite and specific. The description should be stated so that any person reading it would know exactly what the child must do. The behavior has to be observable so that it can be measured. For example, a behavioral description that says, "John will understand big and little" is not a good description because what one person means by "understand" is not the same as what another person may mean. Therefore, "John will point to objects that are big or little upon request" is better because he must show which is big and which is little. This is something observable which can be recorded. Some words that are open to many individual interpretations and, therefore, should not be used in the behavioral description are:

to understand	to recognize
to know	to believe
to listen	to differentiate
to really understand	to feel
to appreciate	to identify

Words that are more exact are:

to write	to match
to point	to hop
to draw	to imitate
to trace	to name

Precise behavioral wording should be used in the behavioral description because one can observe whether or not the child is doing what was intended. It is also important to know the number of times the activity is to be done daily.

The third part of the chart describes the behavior to be recorded and counted. For example, if the behavioral objective states that Jimmy will stack four blocks, one on top of another, given five opportunities per day,

then the parent would count the number of times Jimmy stacks four blocks and record this information on the graph. Another example would be having the parent obtain baseline on inappropriate behaviors (tantrums, biting). The parent would count the number of times the specific behavior occurred within a given time period and record that number of the graph.

The fourth part of the chart is concerned with the directions to be followed by the parents while teaching their child the target behavior. These directions must be detailed, complete and explicit so that the parents may refer to them as their guide for teaching. They should include the materials needed, any preliminary tasks to be done by the parents before the actual teaching begins, instructions on exactly what to do, the method of recording to be used, what is to be expected as an appropriate response, the system of rewarding the response when it occurs, and what to do if the child does not make the required response.

Finally, there is a graph for recording the responses and progress of the child. This graph is used to record both the baseline and post-baseline data obtained by the home teacher and the parents use it to record the child's daily progress. Recording is a necessary part of the teaching procedure. It produces an accurate, objective measure of the number of times any given behavior occurs. It is important because it supplies the necessary information on the child as to what he has accomplished. It also helps in curriculum planning. By reviewing the daily recording done by the parents, the home teacher knows whether the task was learned easily or if it was learned with difficulty. With this information, she can then determine whether the sequential steps are, or are not, appropriate for the child. In addition, recording is reinforcing for the parents because they can see the daily progress of their child.

The following four charts (Figures 4, 5, 6, and 7) are examples of how a mother collected baseline data on behaviors which occurred at either a very low or a very high frequency. Since the home teacher is only in the home for one and one-half hours, it would not be possible for her to obtain accurate measures of the target behaviors. Thus, the parent is asked to record the baseline data. Then, as the directions state, a consequence is applied when the behavior occurs to either increase or decrease its frequency.

Figure 4

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Mark

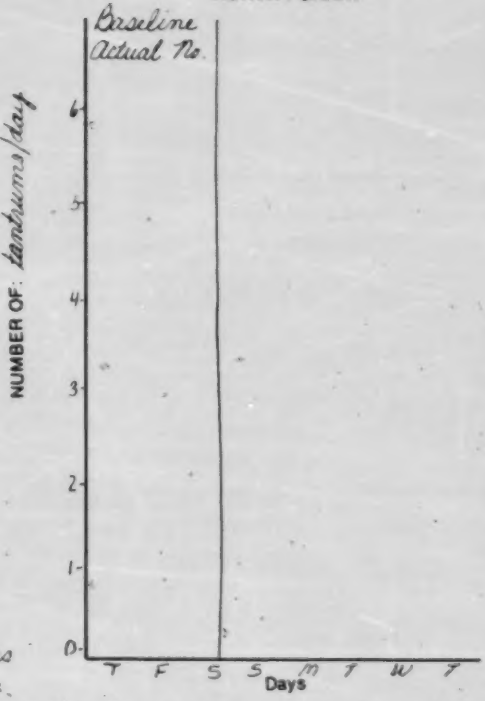
Home Teacher's Name Kathy

Week of April 10

BEHAVIOR:

Mark will not tantrum (scream, yell, fall on floor) when he doesn't get his way.

ACTIVITY CHART



DIRECTIONS:

Thurs. & Fri record the no. of tantrums Mark has each day. Don't react any differently than you normally do; just the recording is different. Beginning on Sat. if Mark has a tantrum, don't wait until it's "full blown". Instead as soon as he starts tantruming, immediately take him to the nearest empty room (like the bathroom) and matter of factly w/o speaking put him in the room and close the door. Hold it shut if necessary and the moment he stops screaming, open the door and let him know you're glad he's not crying any more. Time Mark out at the beginning of each tantrum. Be sure to praise and attend to Mark when he does accept your "no" w/o tantruming.

Figure 5

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Jamie

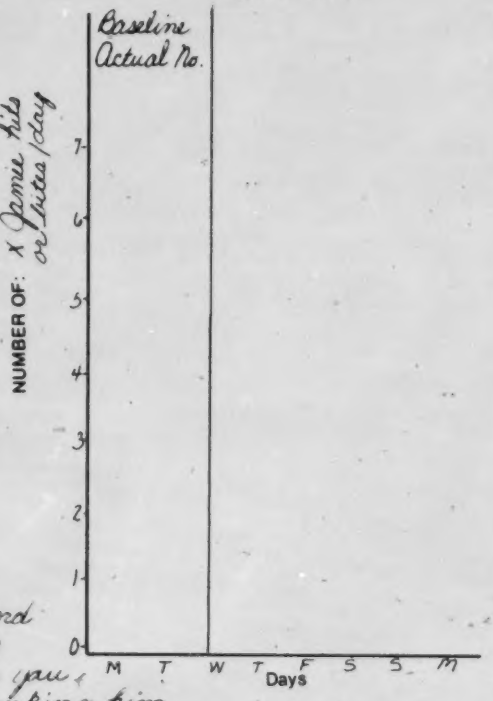
Home Teacher's Name Helen

Week of Nov. 23

BEHAVIOR:

Jamie will not hit or bite his brother.

ACTIVITY CHART



DIRECTIONS:

During Mon. & Tues. record the no. of x Jamie hits x bites Jeff. Behave as you normally have by spanking him. Beginning on Wed. try to keep a close eye on Jamie. When you see him getting ready to "attack" physically prevent him if possible. If he's already hit or bitten Jeff, immediately get Jamie and physically restrain him if necessary by making him sit in a chair. Give Jamie as little attention as possible, but do attend to Jeff. Also have Jamie make a "bad mark" on his chart each x he hits or bites but do praise Jamie as his frequency of hitting and biting lessens.

Figure 6

PORTAGE PROJECT CREDIT: ___ ___yes _____no

Child's Name Billy

Home Teacher's Name Susan

Week of Oct. 15

BEHAVIOR:

1) Mom will record frequency of head slapping in 2 hr. period.
2) Billy will reduce the no. of times he slaps himself in 2 hrs.

ACTIVITY CHART

DIRECTIONS:

Wed. & Thurs. use the counter and keep it in your pocket. Choose any two consecutive hours and click the counter each time Billy slaps himself during this time period. At the end of two hours record the total no. on chart. Continue to behave as you normally do. Beginning on Friday, use a ruler and tap (don't hit) Billy on his leg and, at the same time say "no" loudly and firmly as he starts to slap himself. Continue recording the frequency of self-slapping.

Figure 7

PORTAGE PROJECT

CREDIT: ✓ yes _____ no

This is a complete Chart illustrating one week of parental recording.

Child's Name: Nickie

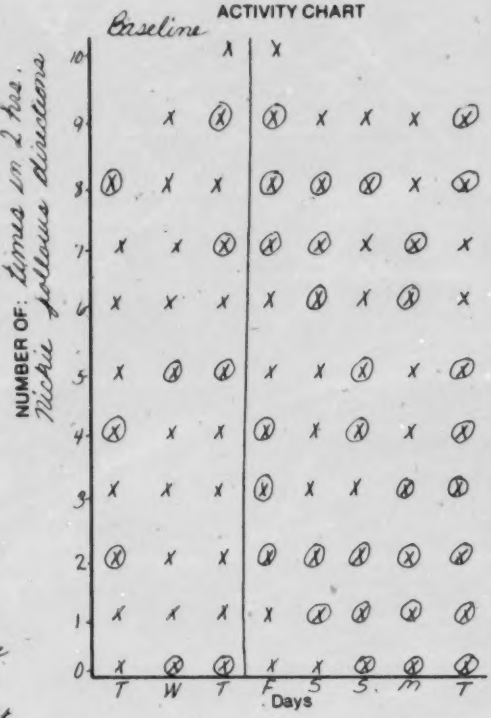
Home Teacher's Name: Sue

Week of: October 3

BEHAVIOR:

Nickie will follow directions by the 2nd request

ACTIVITY CHART



DIRECTIONS:

Tues - Thurs. Record the no. of directions given Nickie in 2 hours by making an x next to the no. Circle the x (⊗) if Nickie follows the direction by the second request During this time, don't change your way of reacting - the only thing you'll be doing differently is recording.

Fri - Mon Before giving Nickie any directions, be sure you can be there to help him follow through. If he doesn't comply by the second request, HELP him by physically walking him through the activity. Praise all success even if help is needed. Circle ⊗ if he follows directions w/o help.

The following five activity charts (shown in Figures 8, 9, 10, 11, and 12) give the steps a child needed in order to name the colors red, blue, and yellow. He had previously learned to match the three colors and to point to them after they had been named. On chart number 1, Figure 8, Richie succeeded. The activity on chart number 2, Figure 9, was too difficult, so the mother called to discuss changing the prescription so Richie could succeed. A new prescription was written and sent to the mother (chart number 3, Figure 10). Chart number 4, Figure 11, shows the next sequence of steps Richie needed to achieve his final goal. Richie achieved his goal the following week by naming red, yellow, and blue (charts) Figure 12. You will note that directions on all of the charts are clearly stated and easy to follow.

Figure 8

PORTAGE PROJECT

CREDIT: ✓ yes ____ no

This is a completed Activity Chart.

Child's Name Richie

Home Teacher's Name Susan

Week of Oct 7

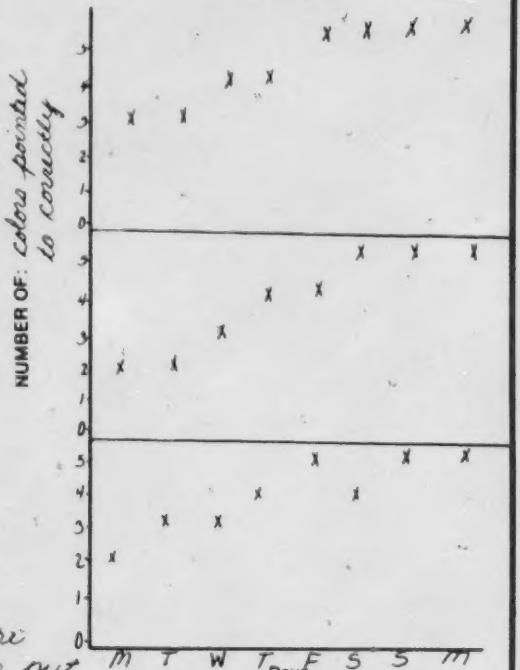
BEHAVIOR: Red

Richie will point to 3 colors named red, yellow, blue, 3 trials per day no model.

Yellow

Blue

ACTIVITY CHART



DIRECTIONS:

Place the 3 colored circles 6" apart on the table. Tell Richie to put his finger on the color you name. Then name a color. When Richie points to the correct color reward him with a hug, smile, praise, cereal, and a color chip of the same color he pointed to correctly. Repeat the correct color after him. Record # of times Richie points to each color correctly with an X. Change position of circles frequently. Gradually start reducing the amount of rewards so that by Sun. he is working for verbal praise and the color chip.

Figure 9

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Richie

Home Teacher's Name Susan

Week of Oct. 15

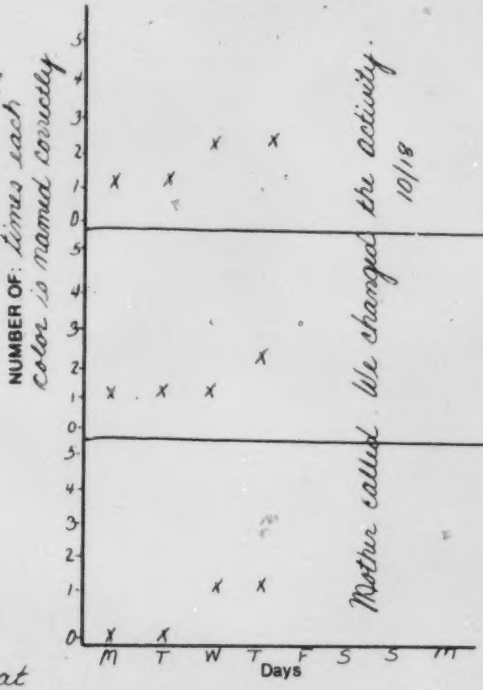
BEHAVIOR: Red

Richie will name colors red, yellow and blue. No model 5 trials per day

Blue

Yellow

ACTIVITY CHART



DIRECTIONS:

Use colored blocks or cups. Hold up one object and ask "What color is this?" Reward him when he answers correctly with verbal praise and a piece of cereal. Always repeat the correct color after him. Don't ask the colors in the same order all of the time – mix them up. Record the number of correct answers for each color with an x.

Figure 10

PORTAGE PROJECT CREDIT: ✓ yes ____ no

Child's Name Richie

Home Teacher's Name Susan

Week of Oct 18

BEHAVIOR:

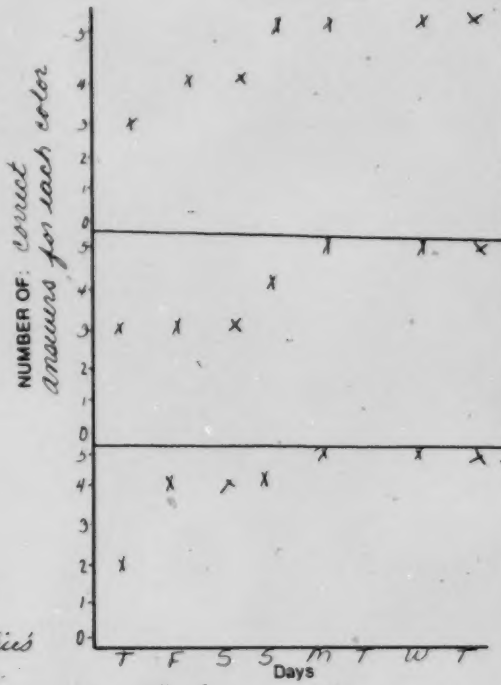
Red

Richie will name color when asked "Is this red, yellow or blue?"

Blue

Yellow

ACTIVITY CHART



DIRECTIONS:

Use colored blocks. Putting one in Richie's hand say "Is this block red, yellow, or blue?" Reward him with praise and a small piece of cookie. Repeat the correct color after him. Don't have him name all of the red or other colors at one time. Mix them up. Use an X to mark the number of colors Richie names correctly.

Figure 11

PORTAGE PROJECT

CREDIT: ✓ yes _____ no

Child's Name Richie

Home Teacher's Name Susan

Week of Oct. 22

BEHAVIOR:

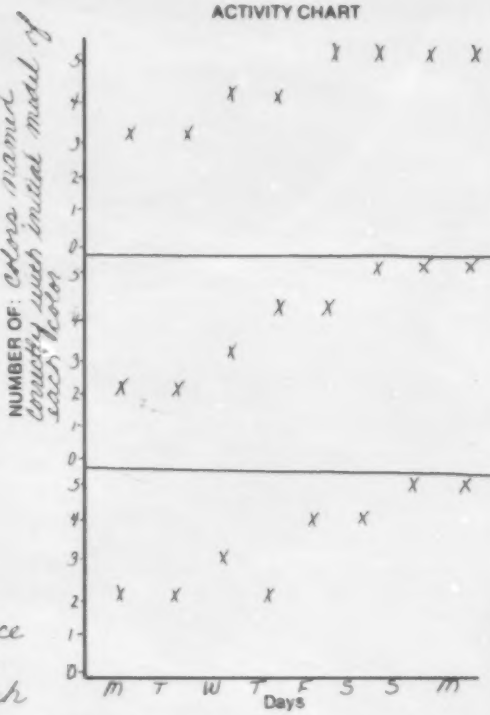
Red

Richie will name colors red, yellow, and blue when an initial model of each color 5 trials per day.

Blue

Yellow

ACTIVITY CHART



DIRECTIONS:

Use colored chips. Place each colored chip on the table naming each color. Have Richie repeat each color after you. Then hold one chip in your hand and ask Richie "What color is this?" Reward him with a hug, verbal praise and the colored chip. Always repeat the correct color after him. Record the total number he names correctly. Gradually reduce hugs and try to place chips in small colored groups rather than handing them to him. Record number he gets and let Richie make a colored X over yours.

Figure 12

PORTAGE PROJECT

CREDIT: ✓ yes _____ no

Child's Name Richie

Home Teacher's Name Susan

Week of Oct. 29

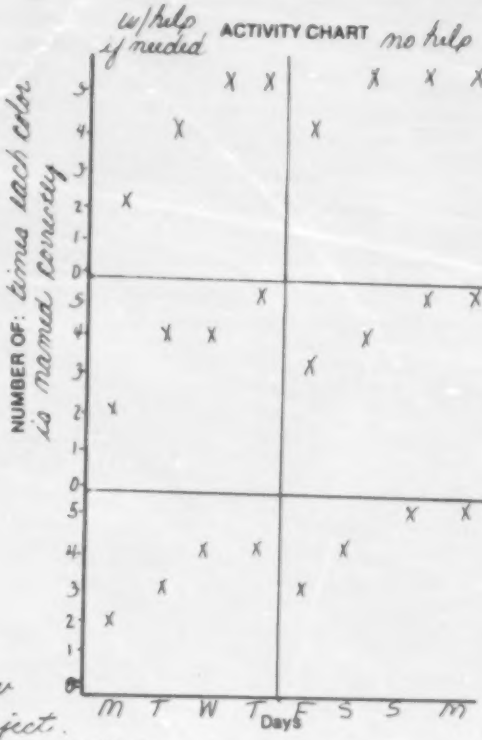
BEHAVIOR:

Red

Richie will name colors red, yellow, blue - verbal clue of starter sound. On Friday name colors - no clue.

Yellow

Blue



DIRECTIONS:

Use colored blocks, chips or pegs. Show Richie a colored object. Ask "What color is this?" Reward him with praise and the object named correctly. Always repeat the correct color after him. If he needs help, give him the sound the color starts with. Ex. "r" for red, "b" for blue and "y" for yellow. Gradually fade this out by Friday. On Friday just ask him, don't give him any clues. Record number of correct responses with an X.

The next two charts (Figure 13 and 14) show the easiest way for a parent to record. She has only to record a simple "yes" or "no" response.

Figure 13

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Johnny

Home Teacher's Name Pat

Week of Feb 10

BEHAVIOR:

Johnny will stay in his own bed at night.

★★ yes

ACTIVITY CHART

~~NUMBER OF~~ Days he stays in own bed

no

T W T F S S M T

Days

DIRECTIONS:

Show Johnny his special chart and the stickers he can place on it if he stays in his own bed. Put the chart on his bedroom door — and don't forget to plug in the night light before he goes to bed. Should you discover Johnny in bed with you when you wake up. Say nothing at all to him. But should he stay in his own bed, reward him with his sticker and several times throughout the day tell him how proud you are of him.

Figure 14

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Donovan

Home Teacher's Name Suzie

Week of Dec 28

BEHAVIOR: ★ (yes) ★

Donovan will stay dry through the night.

ACTIVITY CHART

~~NUMBER OF~~ Does Donovan wake up dry in A.M.

M T W T F S S M

Days

DIRECTIONS:

Don't give Donovan anything to drink after 5:30 P.M. (no) Take him to the bathroom before he goes to bed and then wake him up at 11:30 and take him to the bathroom before you go to bed. If he's dry in the A.M. praise him lavishly and he can put his O on his headboard. If he's wet, say nothing, but he is to help you change his own bedding and his pajamas.

The following two charts, Figure 15 and 16, show how two different behaviors can be recorded on the same chart. These behaviors are closely related; thus it is better to record them on one chart rather than two.

Figure 15

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Penny

Home Teacher's Name Helen

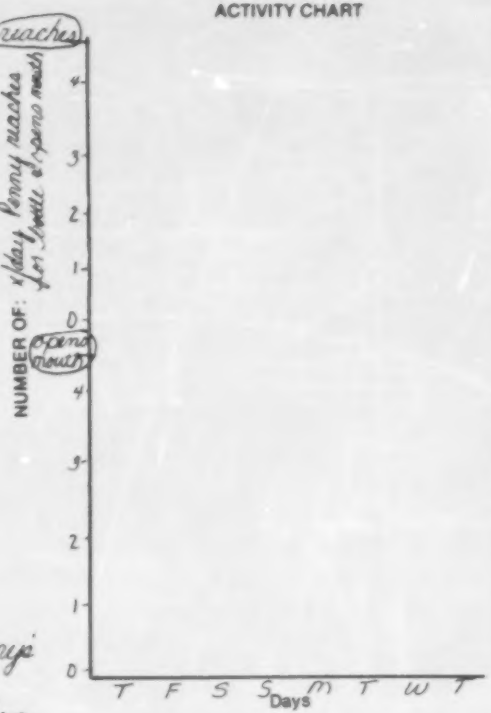
Week of Sept. 10

BEHAVIOR:

Penny will show she recognizes bottle by reaching for it and by opening mouth before the nipple touches it.

X = much help
0 = without help

ACTIVITY CHART



DIRECTIONS:

Be sure you have Penny's attention - that she's looking at you. Then slowly guide the bottle towards her mouth. If Penny does not respond, help her open her mouth by gently "pinching" her upper and lower jaws. When she does open her mouth, immediately insert the nipple. Then help her hold the bottle. Gradually reduce your help as Penny is able to do more on her own. Practice and record both behaviors 4 times/day.

Figure 18

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Jimmy

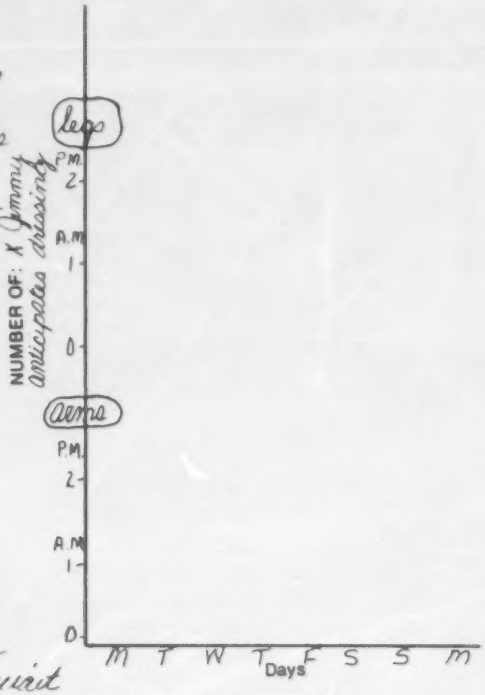
Home Teacher's Name Judy

Week of Jan. 20

BEHAVIOR:

Jimmy will hold out arms and legs in anticipation of mother putting socks and jacket on.

ACTIVITY CHART



DIRECTIONS:

Be sure Jimmy is watching you. Hold up the sock and wait for Jimmy to hold out his leg. If he doesn't hold his leg up while saying "Hold up your leg for the sock" repeat with shirt, jacket and shoes, and reduce help as Jimmy does more for himself. Raise any improvement and record in the morning while dressing and in the P.M. after nap. Record only those movements performed without help.

The following three activity charts, Figure 17, 18, and 19, describe a toilet training procedure starting with the mother taking baseline data for a week. The resulting data, Figure 17, shows that Donovan has an average of one bowel movement a day, that it typically occurs in the afternoon, that Donovan stays dry for at least one and one-half hours, and that he does urinate in the potty a minimum of twice a day. During the second week, Figure 18, a consequence for wetting or not wetting is begun and success is increasing as shown by the reduction of accidents.

The third chart, Figure 19, is the final step — showing that Donovan would have to have a perfect day before he gets his reinforcer.

Rarely would any child make progress that rapidly, however, the data from the previous week did indicate that the child was ready for that prescription.

Figure 17

PORTAGE PROJECT

CREDIT: ✓ yes _____ no

Child's Name Donovan

Home Teacher's Name Suzie

Week of Dec. 4

BEHAVIOR:

Mother will record time and place of B.M. and urination (baseline)

time of day
u = wets pants
(u) = urinates in potty

time of day
B.M = in pants
(B.M) = in toilet

ACTIVITY CHART

NUMBER OF time and place of B.M. and urination

	T	W	T	F	S	S	M	T
7	7:30		7:30		7:00	7:30	6:30	7:30
6	5:30	6:00	6:30	7:30	5:30	5:30	4:30	5:30
5	3:30	3:30	4:30	5:00	3:00	3:00	2:30	3:00
4	1:30	1:00	3:00	3:30	12:00	11:30	1:00	1:30
3	1:00	12:30	1:00	1:30	9:30	10:00	12:30	1:00
2	10:30	10:00	10:30	10:00	9:00	9:30	10:00	10:30
1	9:30 A.M.	9:00	8:30	8:30	8:00	7:30	8:30	8:30
0								

Days

DIRECTIONS:

During the week, check Donovan every half hour. If he is wet or has had a B.M., note the time and place occured. Behave as you normally do. This week were just going to get a record of how often he goes, where he goes, and when he goes.

Figure 18

PORTAGE PROJECT CREDIT: ✓ yes _____ no

Child's Name Donovan

Home Teacher's Name Suzie

Week of Dec. 11

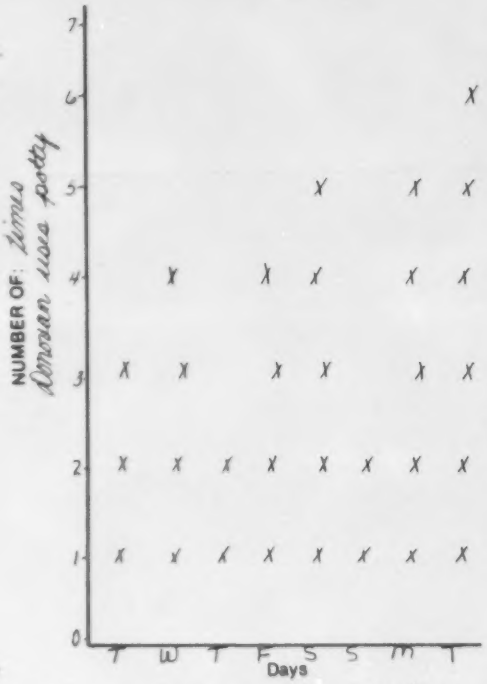
BEHAVIOR:

Donovan will increase the no. of times he urinates in potty.

Accidents

M - IIII
T - III
W - ~~IIII~~
T - II
F - I
S - IIII
S - II
M - 0

ACTIVITY CHART



DIRECTIONS:

Uses training pants during day except when Donovan takes his nap. Place Donovan on potty every 2 hours. Run water into the sink. If he should go, praise him, let him flush toilet and place a O on toileting chart. Ignore accidents. Change him w/o fussing at him or talking to him at all, but be sure to praise success and talk about all the O's in front of Donovan to the rest of the family.

Figure 19

PORTAGE PROJECT

CREDIT: ✓ yes _____ no

Child's Name Donovan

Home Teacher's Name Suzie

Week of Dec. 18

BEHAVIOR:

Donovan will urinate in potty during the day.

Accidents

M - II
T - II
W - I
T - 0
F - 0
S - III
S - II
M - 0

ACTIVITY CHART

DIRECTIONS:

Continue as before but use happy face stickers only for a successful day. Let Donovan watch other family members go. When Donovan has an accident, don't change him for at least ½ hour - and then do it "matter of factly" letting Donovan do most of the clean-up himself. Be sure to continue praising all successes.

The following ten charts, Figures 20 through 29, are examples of a typical recording system. Several opportunities per day are prescribed and the charts are divided so that recording can be readily accomplished.

Figure 20

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Laurie

Home Teacher's Name Helene

Week of Oct. 20

BEHAVIOR:

Laurie will hold her head erect and steady for 5 seconds while being carried over mother's shoulder. (Trial 3)

(Trial 2)

ACTIVITY CHART

DIRECTIONS:

Pick Laurie up and (Trial 1) carry her over your shoulder with her tummy on your chest for support. Have Daddy or Jimmy stand behind you facing Laurie. Hold up a rattle or a squeaky toy & hold it & shake at a level where Laurie will have to hold her head up to see it. Continue making the noise until Laurie lowers her head. Count the no. of seconds she is able to maintain the position. Practice 5x/day, but record only the first three trials. Mom, if you rub her back while holding her, that will help her maintain the position.

Figure 21

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Lonnie

Home Teacher's Name Helene

Week of Dec 10

BEHAVIOR:

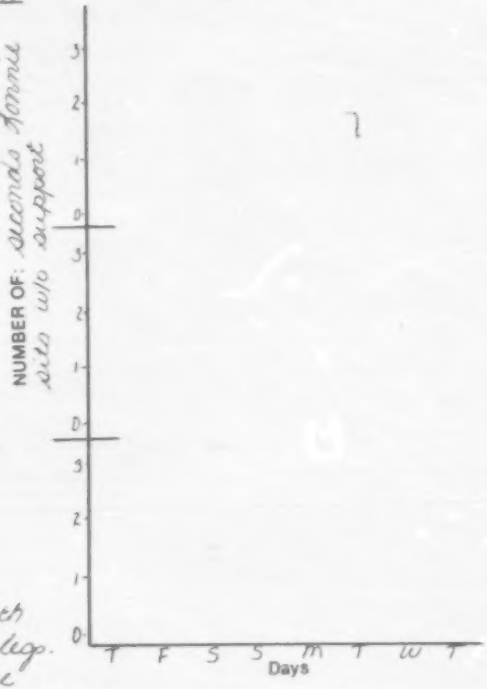
Trial III

Lonnie will sit self-supported w/o using hands for balance for 9 seconds.

Trial II

Trial I

ACTIVITY CHART



DIRECTIONS:

Sit on the floor with Lonnie between your legs. Rather than let Lonnie rest against your stomach, place your hand against the small of her back. Give her a special toy, like the busy box to play with. When she appears to be supporting herself, gradually reduce the pressure on her back. Count the # of seconds she maintains this position without her using her hands or without support to her back. Talk to her as she sits. Practice 5x/day and record 3x/day.

Figure 22

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Troy

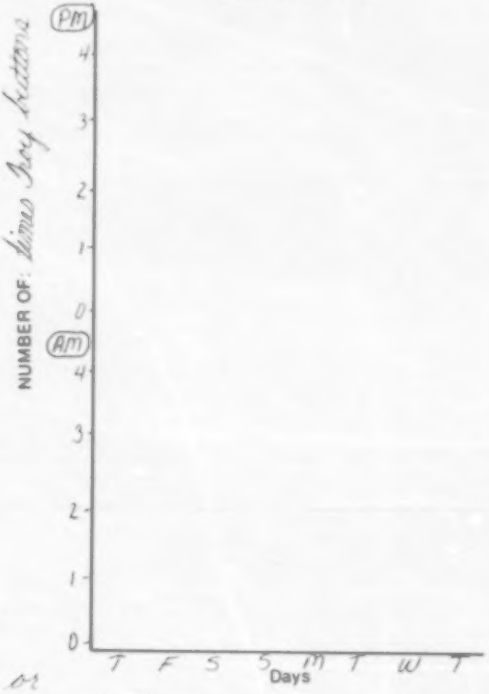
Home Teacher's Name Jean

Week of March 10

BEHAVIOR:

Troy will button 4 large buttons after button is pushed ½ way through hole (coat on table or floor)

ACTIVITY CHART



DIRECTIONS:

Put your sweater (the one with nice BIG buttons) on the floor or table. Sit next to Troy and show him what you want him to do by doing it yourself. Then push the button about ½ way through and encourage Troy to finish. Give physical help if necessary, but don't count that one when you record. Praise success. Practice on 4 buttons in the morning and again in the afternoon.

Figure 23

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Bonnie

Home Teacher's Name Marsha

Week of Jan. 15

BEHAVIOR:

Bonnie will suck pop from straw - Mom will release fluid when she feels pressure from Bonnie's sucking

ACTIVITY CHART

DIRECTIONS:

Use pop and pour some in a measuring cup. Put the straw in the glass and put your finger on the top of the straw to hold the fluid there. Put the other end of the straw in Bonnie's mouth and slowly let out some liquid. Repeat, this time only releasing the liquid when you feel pressure from Bonnie sucking. If he has problems, help him keep his mouth closed with your fingers, demonstrate the sucking sound by doing it yourself and hold the straw almost straight up. As Bonnie sucks more liquid, gradually lower the straw to a more horizontal position. Practice 2 times a day.

Figure 24

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Ronnie

Home Teacher's Name Marsha

Week of Jan. 22

BEHAVIOR:

Ronnie will suck liquid from straw; straw in cup + bowl (straw will less likely touch bottom).

w/help - x
w/o help - ⓧ

ACTIVITY CHART

DIRECTIONS:

Before serving breakfast, lunch or dinner, give Ronnie a cracker or a pretzel so he'll be thirsty. Then let him use the straw to drink his juice. If he has problems, cut the straw at least in half and see if that helps. If he still is not having alot of success, pinch the straw with your fingers once he's sucked up the liquid. This will keep the liquid in the straw. Raise him as he improves.

Figure 25

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Greg

Home Teacher's Name Pat

Week of April 27

BEHAVIOR:

Greg will pedal his bike with maximum assistance (feet taped to pedals, gentle push from behind).

ACTIVITY CHART

DIRECTIONS:

Use masking tape to keep Greg's feet on the pedals. Be sure to use lots - so the tape doesn't break. Have Dad or Toby stand a few feet in front of Greg with a goodie while you give him a gentle push in that direction. Praise Greg as he is pedaling and he should be rewarded with the goodie when he reaches it. Practice 3x/day and record no. of feet pedaled / trial.

Figure 26

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Greg

Home Teacher's Name Pat

Week of May 4

BEHAVIOR:

Greg will pedal his trike with feet taped to pedals and slight pressure applied to alternate knees.

ACTIVITY CHART

DIRECTIONS:

Reduce the amount of tape you use to keep Greg's feet on the pedals. To get him going, touch alternate knees saying "down" as he moves forward. Praise him as he goes along and reward with a big hug after each trial. Practice and record 3 x / day.

Figure 27

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Jackie

Home Teacher's Name Marsha

Week of March 20

BEHAVIOR:

Jackie will walk forward with support (pushing a doll carriage).

ACTIVITY CHART

DIRECTIONS:

Have Jackie wear her tennis shoes. Encourage her to push her doll in the buggy. Stand next to Jackie with one hand on the handle to give a bit more support and to be there in case she loses her balance. Have Jackie count aloud with you each step she takes. Praise her as she is walking and reward her with a pretzel after each trial. Practice 6 x/day but record the no. of steps she takes only on the first three trials.

Figure 28

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Robby

Home Teacher's Name Jan

Week of March 10

BEHAVIOR:

Robby will crawl forward on knees using left-right movement with stomach off the floor (towel for support).

ACTIVITY CHART

DIRECTIONS:

Place a goodie on the floor about 1 ft in front of Robby. Help position him on his hands and stomach, then take the beach towel and place it under him and hold it up until his on his knees. Encourage him to move forward to get the goodie. Praise each movement and as he gains in skill, increase the distance between Robby and the goodie. Reward with goodie when he reaches it. Practice 3x/day and record the no. of just crawled forward on the first three trials.

Figure 29

PORTAGE PROJECT CREDIT: ✓ yes ____ no

Child's Name Mary

Home Teacher's Name Jan

Week of March 5

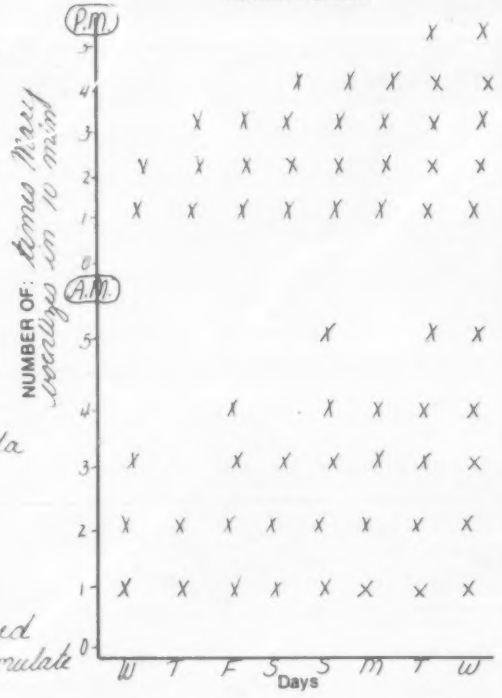
BEHAVIOR:

Mary will vocalize (make sounds) when being diapered, bathed, etc.

Sounds made

W oh, oo, ee, ga
T ha, ee, ga, wa
F wa, oh, ma, ga, ee
S ga, oh, oo, ee, wa
S ma, wa, oo, we, aa
M ma, da, oo, ha, de
T da, wa, ge, ma, wa
W wa, goo, ha, oo, ee, da

ACTIVITY CHART



DIRECTIONS:

When you diaper, feed and bathe Mary, stimulate her by cooing and making baby sounds yourself. Tickle her a bit just to get her going and when she makes any sound (other than crying) you make the same sound back. Be sure to stay in her line of vision when you are stimulating her. List a sample of some of the sounds Mary makes and record the total no. on the chart. Verbally stimulate Mary at each diaper change and feeding. Just just record twice a day.

The following six charts, Figures 30 through 35, show some of the various skills at various levels of language training.

Figure 30

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Todd

Home Teacher's Name Susan

Week of Oct. 10

BEHAVIOR:

Todd will turn his eyes and head in direction of sound, 6 trials per day.

ACTIVITY CHART

DIRECTIONS:

Use a rattle, squeaker toy or music box. Have Todd in his infant seat or have someone else hold him. Play and talk with him. Then hold the noise maker to either side of him and shake or squeak it. Make sure it is loud enough for him to hear. When he turns toward the sound praise him and hug him. Make the noise again once he looks at the toy. Randomly make the sounds in different places. When he turns toward the sound on his own, mark that trial with a √. If he needs help to find the sound, gently move his head toward the sound but record with a —. Practice and record 6x/day.

Figure 31

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Mark

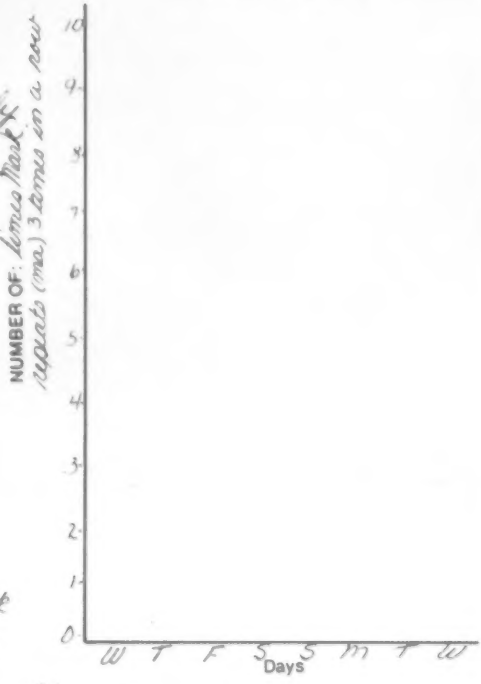
Home Teacher's Name Susan

Week of Nov. 4

BEHAVIOR:

Mark will repeat a sound a minimum of 3 times consecutively 10 trials per day.

ACTIVITY CHART



DIRECTIONS:

Hold Mark and talk and play with him. Imitate some of his actions and sounds. Then say na-na-na-na-na. Say it more than three times in a row. Record any repetition of the sound. Then do it again. Increase your rewards of hugging, tickling, cuddling, smiling and verbal praise as his repetitions increase in length. Do this 10 times. Record 3 repetitions with a ✓ and those with more than 3 repetitions with ⊙.

Figure 32

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Billy

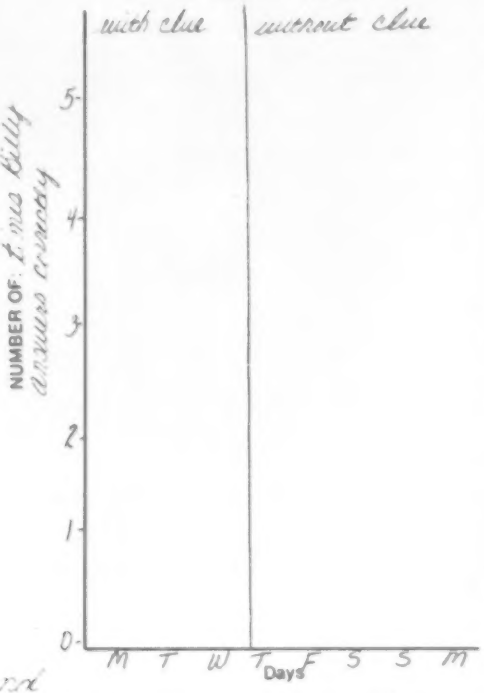
Home Teacher's Name Susan

Week of Jan 21

BEHAVIOR:

Billy will tell his sex when asked "Are you a boy or girl?" 5 trials per day

ACTIVITY CHART



DIRECTIONS:

Tell Billy he is a boy and that Daddy is a boy, and so is Jimmy. Then tell him you are a girl and that Kacey and Beth are girls; that they are not boys. Use pictures and tell him which are boys and which are girls - not boys. Then ask him if he is a boy or girl. Reward him with praise and a piece of banana. Repeat correct answers after him. On Thurs. just ask "Are you a boy or a girl?" Reward with praise and fruit. Repeat correct answers after him. Record each correct response with an *.

Figure 33

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Richie

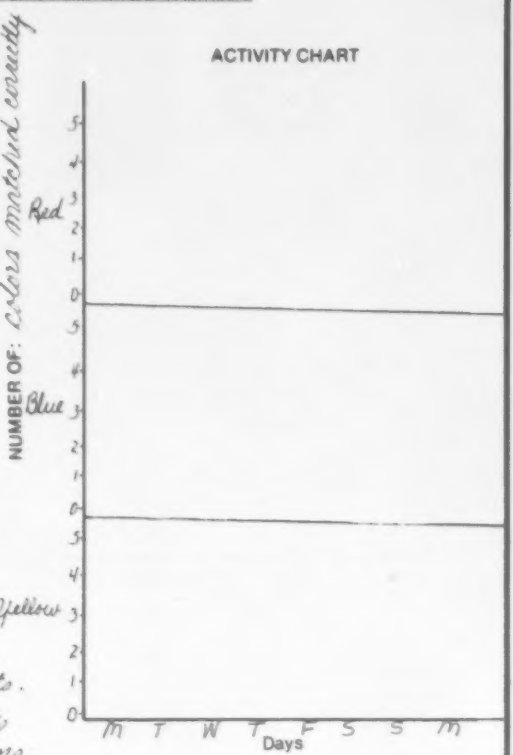
Home Teacher's Name Susan

~~Week~~ of Oct. 1

BEHAVIOR:

Richie will match 3 colors red to red, yellow to yellow, and blue to blue – no model 5 trials per day.

ACTIVITY CHART



DIRECTIONS:

Use 3 large felt cut-outs. Divide the small cut-outs into groups of 5 by colors. Place large cut-outs on table 6" apart. Hold up one of the small cut-outs; ask Richie to put it on the large cut-out that is the same color, the one that it looks like. When he does, praise him and give a sip of juice and say "Yes, it is the same color." Leave it on the large cut-out. Give him the other small cut-outs, one at a time for him to place. If any are placed incorrectly, remove it from the large cut-out. When he is done and you have recorded the results, help him place correctly those missed. Mark an X by the number in each color group done correctly.

Figure 34

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Bobby

Home Teacher's Name Susan

Week of March 15

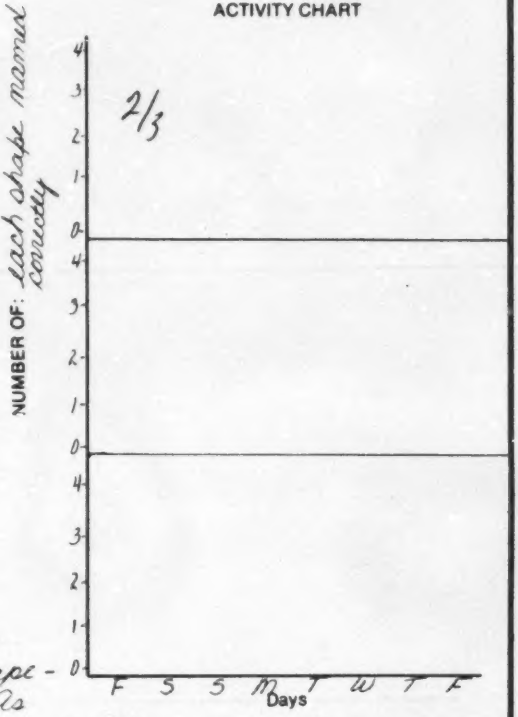
BEHAVIOR:

Bobby will name ○, □, and △ with an initial model of each - 4 trials per shape.

✓ = correct

0 = incorrect

ACTIVITY CHART



DIRECTIONS:

Use construction paper cut-outs of each shape - all the same color. As you put them on the table, name each shape. Have Bobby count the name of each one after you. Then point to one shape and ask Bobby "What shape is it?" Reward him with praise and an animal stamp on another sheet of paper. Repeat the correct answer after him. Move the shape positions frequently. Mark those he names correctly with a ✓ and those he misses with a 0.

Figure 35

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Greg

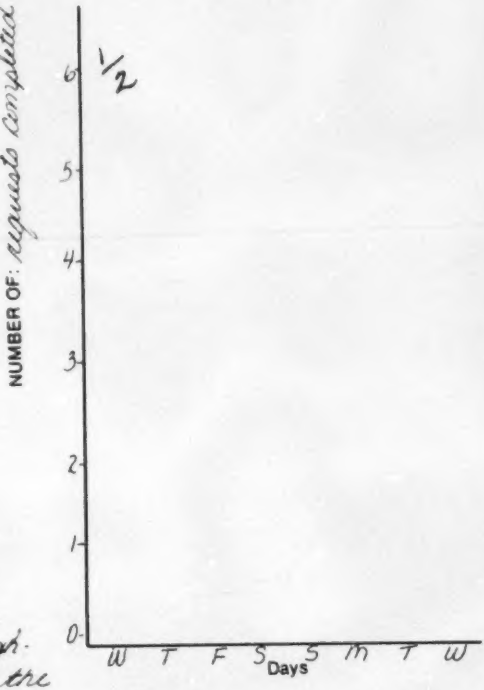
Home Teacher's Name Susan

Week of Feb. 5

BEHAVIOR:

Greg will follow 3 directions upon request 6 trials a day.

ACTIVITY CHART



DIRECTIONS:

Give the requests at various times throughout the day. Limit the # of requests you ask of Greg to those which you really expect him to do. Get Greg's attention and ask him to follow 3 simple directions, such as "pick up the pencil, bring it to me and sit down". If he does all three directions, praise him. Record the # he completes with a ☺ and those not completed with a —. If he is having difficulty ask him to follow same 2 direction requests during the day for a review.

The next four charts, Figures 36 through 39, show examples of behavioral goals that change in midweek. The home teacher presumes that the child will accomplish the first goal quickly and will be able to go on to the next step before the week ends.

Figure 36

PORTAGE PROJECT

CREDIT: _____yes _____no

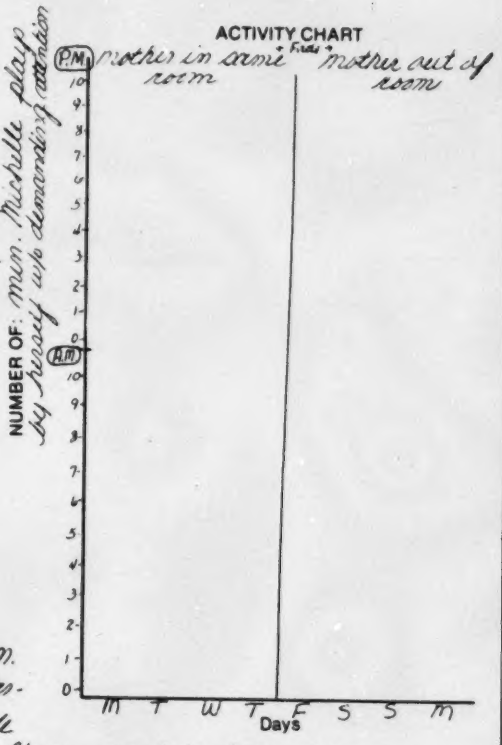
Child's Name Michelle

Home Teacher's Name Pat

Week of Sept. 10

BEHAVIOR:

Michelle will play unattended for 10 min. w/o fussing.


ACTIVITY CHART
NUMBER OF: min. Michelle plays by herself w/o demanding attention
P.M.
A.M.
mother in same room
Friday
mother out of room
10 9 8 7 6 5 4 3 2 1 0
10 9 8 7 6 5 4 3 2 1 0
M T W T F S S M
Days

DIRECTIONS:

For 10 min. in the A.M. and 10 min. in the afternoon, work with Michelle on this activity. Mon-Thurs. provide her with some pots and pans and spoons to play with and you stay in the same general area but read a book. Don't attend to her again until after the 10 min. are up, and then praise her for playing by herself so well. On Thurs. and Fri. leave the room for just brief periods - just a few seconds in the beginning. Gradually lengthening the time. Do not come back into the room if she cries. Wait till the crying stops, then come back. Try again and record No. of min. she plays w/o demanding attention.

Figure 37

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Jeff

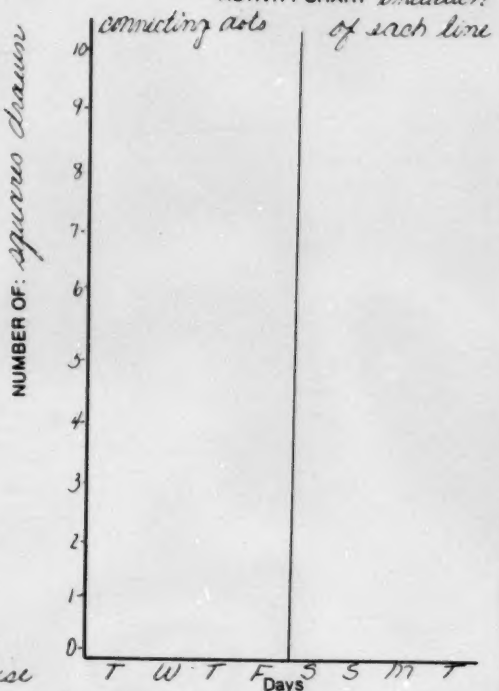
Home Teacher's Name Susan

Week of Oct. 30

BEHAVIOR:

Jeff will draw a square by
1) connecting 4 dots
2) drawing each line in imitation

ACTIVITY CHART imitation



DIRECTIONS:

Tues. Tx have Jeff connect the 4 dots to make a square Praise him after each successful attempt and tape his daily worksheet to the refrigerator for the rest of the family to see. Draw a happy face inside each good square (good straight lines connecting the dots). Sat- Tues xpix draw a line (|) and have him copy it. Then draw the next connecting line for him to copy (⌐), then the third (⌐|) and have Jeff draw the last line completing the square w/o copying. Praise each success and practice 10x/day.

Figure 38

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Steve

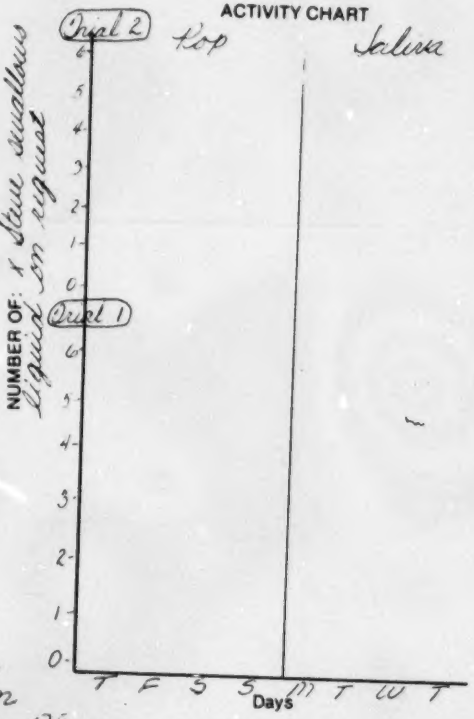
Home Teacher's Name Kristin

Week of April 10

BEHAVIOR:

Steve will suck and swallow
1) pop squirt inside lower lip
2) saliva on request

ACTIVITY CHART



DIRECTIONS:

Thurs - Sun, 2x/day suck up Coke or 7up with your finger on the tip of a straw. Place the straw inside Steve's lower lip and gradually release the liquid. Remove the straw and tell Steve to "suck in and swallow. Demonstrate the "sucking-in" sound. Praise him after each attempt. Practice 6x in A.M., 6x in P.M. Non-Thurs. work directly on drooling, 6x in the A.M. and 6x in the P.M. When you see Steve drooling, ask him to suck in and swallow and praise him when he does. He may need reminding to suck-in, close his mouth and then swallow.

Figure 39

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Brenda

Home Teacher's Name Sue

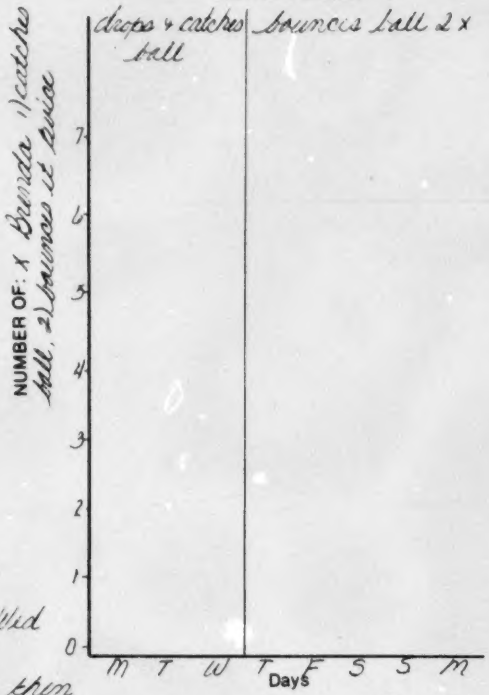
Week of Dec. 1

BEHAVIOR:

Brenda will 1) drop the ball and catch it w/both hands, & 2) will bounce the ball two consecutive times.

Ⓧ = w/help
X = w/o help

ACTIVITY CHART



DIRECTIONS:

Practice 7x/day. Mon-Wed have Brenda drop the ball in front of her & then catch it w/both hands on the way up. Give her verbal directions if she's bouncing the ball too hard or not hard enough. If she's having problems, stand behind her and guide her hands together to catch the ball. Beginning on Thurs. have her begin bouncing the ball. At first give verbal directions, "Now!", when the ball is at the right height. If necessary, stand behind her and guide her hand on your direction "Now!" Praise improvements and let her demonstrate her skill to the rest of family.

The next three activity charts, Figures 40, 41, and 42, are examples of inadequately prepared charts. The first chart, Figure 40, shows a poorly written behavioral description. Upon reading it, you would expect a child to broad jump five feet! After reading the directions, it becomes clear that Jimmy is to jump on both feet a total of five feet with an initial model, four times a day. The second chart, Figure 41, gives Brian a 50-50 chance of guessing the correct answer because of the number of opportunities per day. The directions do not tell the parent how to reinforce, or the system of recording which is to be used. On the third chart, Figure 42, the directions are incomplete. The behavior says Lisa will draw a man with help, but the type of help to be given is not stated, nor is the reinforcing or the recording system described.

Figure 40

PORTAGE PROJECT CREDIT: ✓ yes _____ no

Child's Name Jimmy

Home Teacher's Name Susan

Week of March 28

BEHAVIOR:

Jimmy will jump forward 5 ft. on 2 feet 4 times per day.

ACTIVITY CHART

DIRECTIONS:

Mark off a 5 foot distance on the floor. Tell Jimmy to watch you. Then starting at one of the lines, jump on both feet to the opposite line. Then have Jimmy jump on both feet starting at one line and have Jimmy jump to the other line. Praise him as he jumps and clap when he gets to the finish line. Do this 4 times. Mark the number of times he jumps 5 ft with a ✓.

Figure 41

PORTAGE PROJECT

CREDIT: _____yes _____no

Example of poorly written Chart. Child has 50-50 chance of making correct response. More trials should be included.

Child's Name Brian

Home Teacher's Name Susan

Week of Feb. 10

BEHAVIOR:

Brian will point to 1 big object from 1 big and 1 little object — no model, 1 trial per day.

ACTIVITY CHART

DIRECTIONS:

Use 1 big and 1 little object. Put both of them on the table. Tell Brian to put his finger on the big one. Reward him and record how he did.

Figure 42

PORTAGE PROJECT

CREDIT: _____yes _____no

Example of poorly written Chart. Directions are incomplete.

Child's Name Lisa

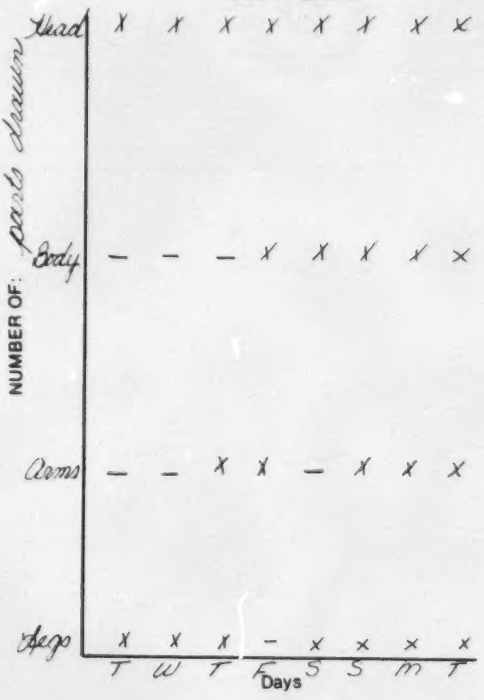
Home Teacher's Name Susan

Week of Dec. 15

BEHAVIOR:

Lisa will draw a man with help.

ACTIVITY CHART



DIRECTIONS:

Give Lisa paper and pencil. Let her draw a man.

The following three activity charts, Figures 43, 44, and 45, show activity charts in the physical skill area: (1) in imitation; (2) with aid and the gradual reduction from aid to no aid (fading); and (3) no aid from the beginning of the activity.

Figure 43

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Amy

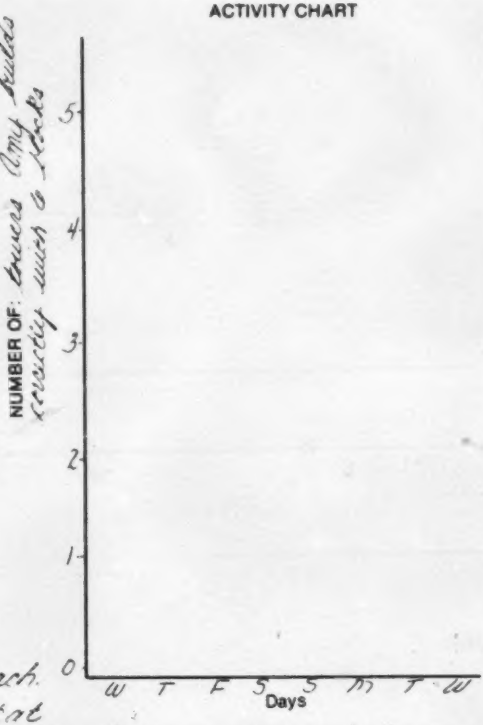
Home Teacher's Name Susan

Week of Sept 27

BEHAVIOR:

Amy will build a tower with 6 blocks in imitation 3 trials a day.

ACTIVITY CHART



DIRECTIONS:

Divide the 12 blocks into 2 groups of 6 each. Work on an area that is solid, sturdy and level (table or floor). Give 6 blocks to Amy and keep 6 for yourself. Tell Amy to watch you. Then start building your tower. Tell Amy what you are doing. "I'm putting one block on top of the other block. See how nice and straight they are" Then have Amy try it. Give her clues about making sure the blocks are straight if necessary. Reward her verbally + with social when she builds the tower. The tower must stand after the 6th block is placed to give credit. Record the number completed after 3 trials.

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Mike

Home Teacher's Name Susan

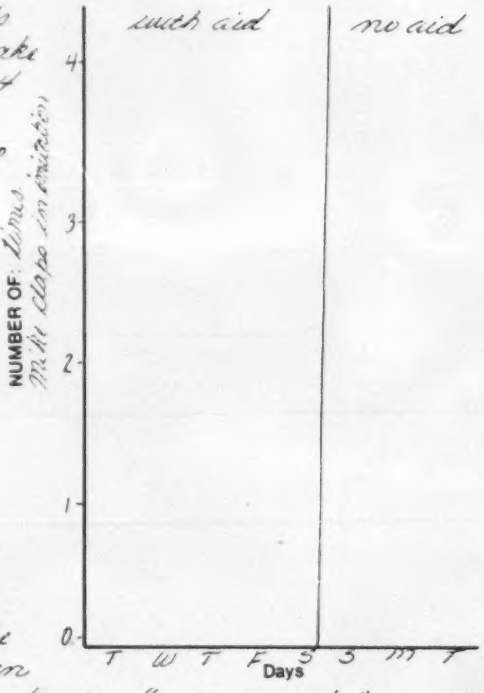
Week of Nov 29

BEHAVIOR:

Mike will clap hands in imitation of pat-a-cake with physical aid - 4 trials. Out of 4 tries. Mike will clap hands in imitation of pat-a-cake - no physical aid.

Mark each trial
+ = yes
- = no

ACTIVITY CHART



DIRECTIONS:

Place Mike in a sitting position so he can watch you. Then clap your hands and say "pat-a-cake". Place Mike in your lap with your arms around him and help him clap his hands as you say "pat-a-cake". Show him you are pleased with what he is doing by smiling and hugging him along with telling him how well he did. Gradually, day by day reduce the amount you give him physically to help him clap his hands. Continue to reward with smiles and verbal praise. Mark a + when he claps with help and - when he does it.

Figure 45

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Jay

Home Teacher's Name Susan

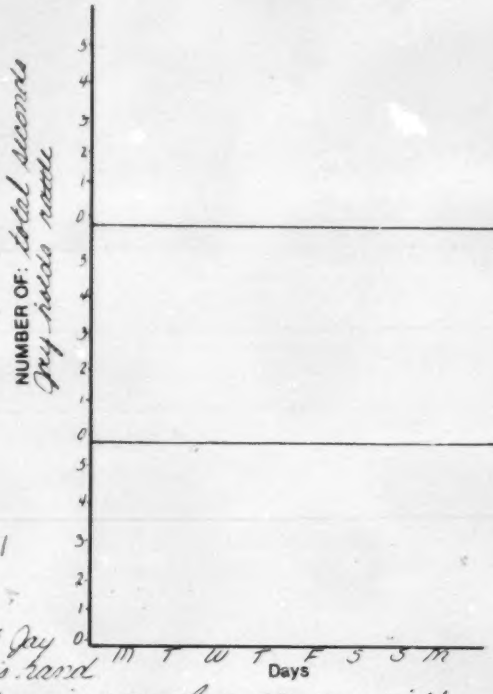
Week of Sept. 28

BEHAVIOR:

Jay will retain rattle in hand for 5 seconds three trials per day.

Record wins X

ACTIVITY CHART



DIRECTIONS:

Use a small brightly colored rattle - one that Jay will be able to put his hand around easily. Hold Jay in your lap so you will have one hand free to show him the rattle. Talk with him while you are getting ready. Then pick up the rattle, holding it about 6-10 inches in front of him. Shake it to gain his attention. Play with Jay using the rattle to touch his stomach, hands or fingers to encourage him to grasp it. Once he has grasped it, gently release your grip on the rattle and let Jay hold it by himself. Praise him while he holds it. Give him physical rewards of hugs and kisses when he holds it for 5 sec. Mark the # of seconds he holds it with an X. If necessary, close his hand over the rattle with your hand. Gradually release your hand till he is holding it alone. Then count number of seconds.

111

The following five activity charts, Figures 46 through 50, show sequential steps needed by some children.

The first chart, Figure 46, is a parent-child activity. The parent is the person doing what is stated in the behavioral description. It also shows the use of time sample recording. The second chart, Figure 47, shows the next step Jill was able to achieve because of the work the parent did.

On the third chart, Figure 48, we can see how repetition can develop a skill. The fourth chart, Figure 49, also shows imitating skills. After accomplishing this, Jill was able to say the words correctly with no model (Figure 50) which also shows that Jill records on her own chart for reinforcement.

Figure 46

PORTAGE PROJECT CREDIT: _____ yes _____ no

Child's Name Jill

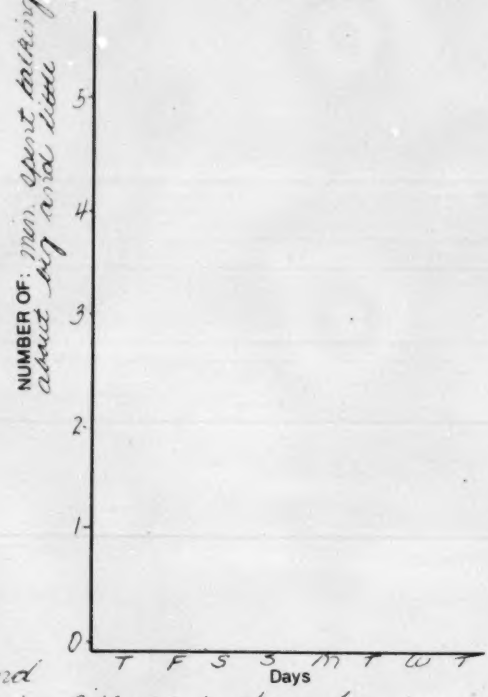
Home Teacher's Name Susan

Week of Sept 18

BEHAVIOR:

Mother will tell Jill which of 2 like objects is big and which is little, 5 min each day minimum.

ACTIVITY CHART



DIRECTIONS:

Use paired objects of like big and little blocks, big and little balls. Talk with Jill and show her things that are big and things that are little. Tell her if they are big or little and encourage her to repeat the word after you. Use as many examples as possible. Record number of minutes spent naming big and little with x.

Figure 47

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Jill

Home Teacher's Name Susan

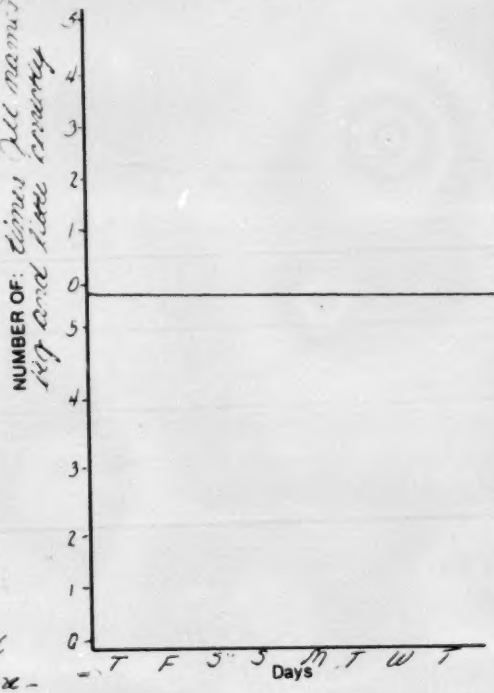
Week of Sept 25

BEHAVIOR:

Big

Jill will name big and little To model 5 times per day.

ACTIVITY CHART



DIRECTIONS:

Little

Use the big and little cards. Pictured objects are the same - only their size is different. Choose 5 different matched sets for each day. Tell Jill you are going to show her some pictures and you want her to tell you if they are big or little. Then show her the pictures - 2 at a time. Reward her with praise and colored chip for each correct answer. Repeat the correct answer after her. Mark the total number of each correct answer with a glue-on sticker. Let Jill place the sticker on the chart.

Figure 48

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Mark

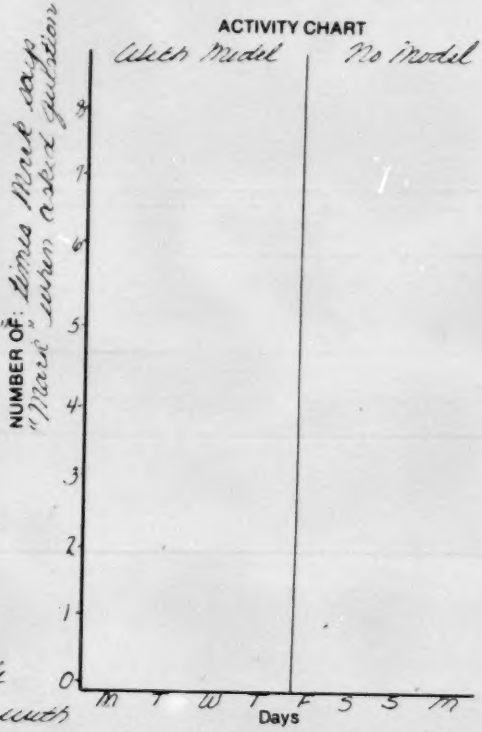
Home Teacher's Name Susan

Week of Oct. 5

BEHAVIOR:

Mark will say his own name in imitation with the phrase "Your name is Mark. What is your name?" 8 times per day. Tri-Mon Mark will answer question "What is your name?" no model.

ACTIVITY CHART



DIRECTIONS:

Have other family members present. Role play names. Start with Mark - say "Your name is Mark. What is your name?" When he says "Mark" reward him with a given praise and say "Yes, your name is Mark". If he doesn't answer then say "Your name is Mark". If he then just repeats his name after missing it on the full question, do not give him credit. Go to other family members and say "What is your name?" Have them answer "My name is —". Reward them with praise. Then ask Mark again. Record # of correct answers with + beginning on Tri-Ask Mark "What is your name?" Repeat his name after him. Reward with praise and record # of correct answers.

Figure 49

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Kristi

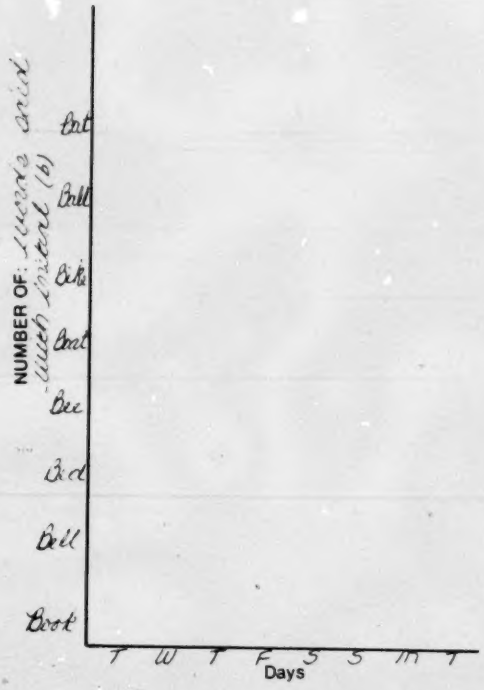
Home Teacher's Name Susan

Week of March 23

BEHAVIOR:

Kristi will repeat words that begin with (b).

ACTIVITY CHART



DIRECTIONS:

Use pictures of words on spinner card. Have Kristi spin to point to a picture. Have her watch your mouth as you name the picture. Tell Kristi to say the word. Reward her with praise, smiles, sips of soda. Repeat the word after her. Make sure she watches you – if she misses a word use a mirror but do not count that word correct. Reward her for imitating you with a hug. Mark each correct work with a + and each incorrect with 0.

Figure 50

PORTAGE PROJECT

CREDIT: _____yes _____no

Child's Name Kristi

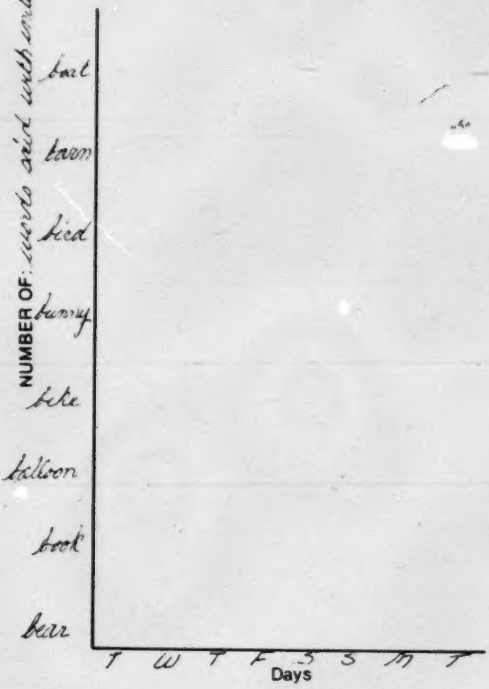
Home Teacher's Name Susan

Week of March 30

BEHAVIOR:

Kristi will say words that begin with (b) - no model

ACTIVITY CHART



DIRECTIONS:

Place the large picture chart on a wall. Put the matching picture cards in a pile on the floor, chair, or in your hands. Let Kristi pick a card. She must then name the picture using the beginning (b) sound. When she does she may put a star by the matching picture on the wall chart. Praise her for her work, and repeat the word after her. Record correct responses on this chart with a ✓. Incorrect with a —.

The following three activity charts, Figures 51, 52, and 53, illustrate the progression from the motor skill of grasping (Figure 51) to using that skill for drawing in imitation (Figure 52) to drawing a line with a verbal cue of "across" (Figure 53).

Figure 51

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Lonny

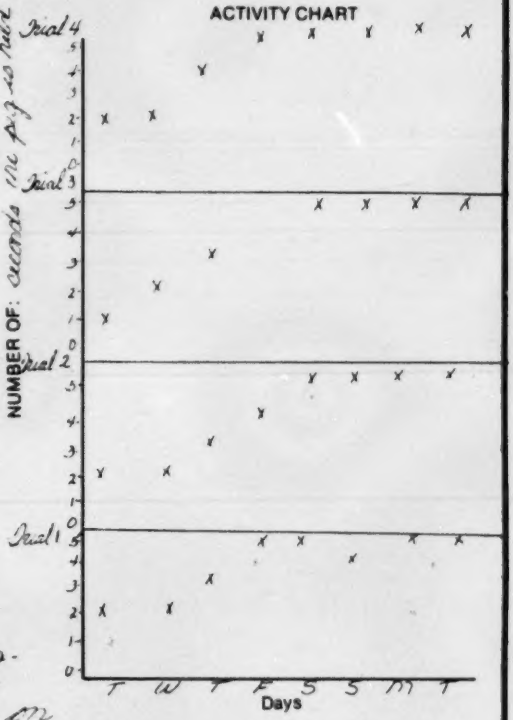
Home Teacher's Name Susan

Week of Sept 8

BEHAVIOR:

Lonny will pick up & grasp peg with thumb, index and middle fingers for 5 seconds. 4 trials per day with initial model.

ACTIVITY CHART



DIRECTIONS:

Use 4 pegs and peg-board. Place pegs in at different places on the board – not right next to one another. Show Lonny which fingers to use – thumb, index and middle fingers – then pick up a peg with these fingers and hold the peg for 5 seconds. Tell Lonny you want him to do what you did and to hold it until you put out your hand for him to put the peg in your hand. Reward him with praise and give him a sip of juice. Record the total number of seconds he holds the peg with a X.

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Sonny

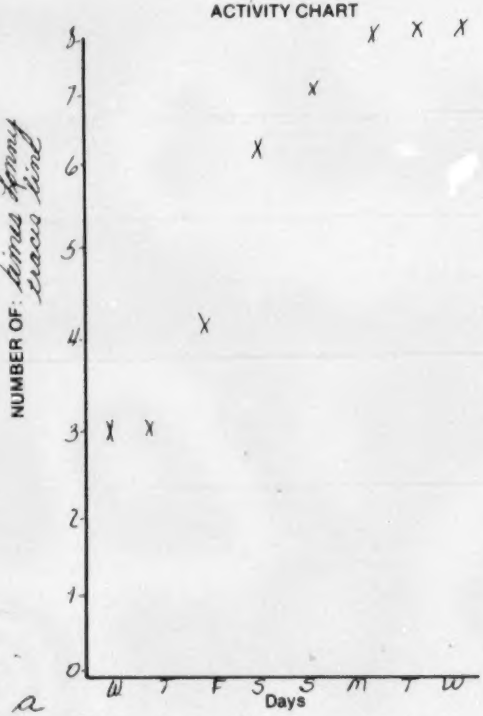
Home Teacher's Name Susan

Week of December 10

BEHAVIOR:

Sonny will trace a horizontal line in imitation 8 trials a day.

ACTIVITY CHART



DIRECTIONS:

Use large sheet of paper and with a magic marker make a line across the paper. Then tell Sonny to watch you — using a crayon, trace the line in one continuous movement. Give Sonny his large crayon and tell him it is his turn. Praise him while he is tracing the line and clap your hands when he is finished. Do this 7 more times. Give him credit for each line that he traces across. He does not have to stay on the line exactly but must trace across — not up and down. Record good traces with a ©.

Figure 53

PORTAGE PROJECT CREDIT: _____yes _____no

Child's Name Lonny

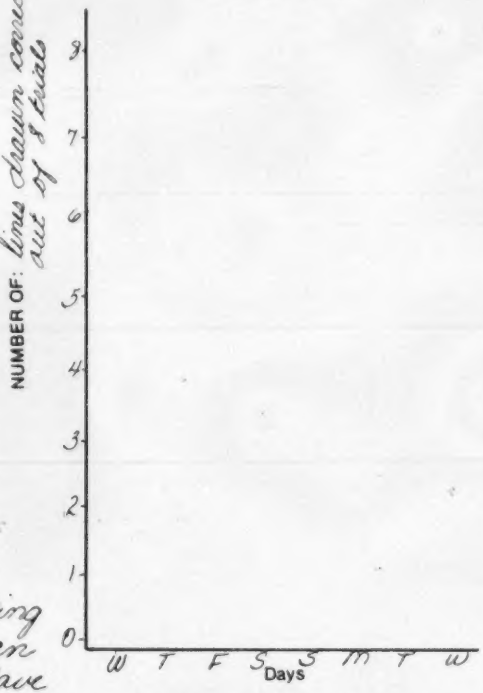
Home Teacher's Name Susan

Week of Dec. 17

BEHAVIOR:

Lonny will draw a horizontal line with verbal cue of "across" with no initial model. 8 trials per day.

ACTIVITY CHART



DIRECTIONS:

Have a large working area where you can put large paper. Have 2 crayons, one for you and one for Lonny. Do not give Lonny his pencil until after you have shown him what to do. Get Lonny's attention and tell him to watch. Then say "Look, I'm going to draw a line all the way across the paper." (start drawing when you say "across" – draw the line quickly). "Now I want you to start." Then tell him to make a line like yours. Say "across" as he draws. Reward him with a ☺ sticker next to the line & praise. The line need not be perfectly straight to be credited. Have him do 7 more. Count the lines drawn across.

HELPFUL HINTS FOR HOME TEACHERS

OR
HOW TO PREVENT PRESSURE, PARANOIA & PANIC

The Portage staff have all stated that they prefer being home teachers, with all their concomitant responsibilities, rather than classroom instructors. Obviously, home teaching must be rewarding and reinforcing. But what is it that makes home teaching fun? The following components have been suggested by the staff:

1. The teacher is able to program individually for each child thereby maximizing the probability of significant developmental gains for the children being served. Progress and change is constant and ongoing — and can be noted weekly.
2. The caseload is varied; children range in age from birth to age six and the functioning level and handicapping condition of each child is different. Also, each family and instructional environment is different. Thus, by necessity the home teacher must continually develop new skills to deal with the variety of children and families with which she is working. It is a constant learning and growing process with never a dull moment.
3. There is always the resource of other home teachers available to help solve problems as they arise. Although the individual teacher has the responsibility for each family and child in her caseload, she has encouragement and help available to her from the rest of the team.
4. The warm, trusting, respecting relationship that develops between the home teacher and the family.
5. The constant data feedback to the teacher which provides her with necessary information to continually modify curriculum in order to plan appropriate goals for each child.

In a word, home teachers like what they do because they can **see** success and the success is substantial and personally reinforcing.

But home teaching utilizing the Portage model is not a bed of roses. It is hard work. Typically much more time is spent in planning for children than in making home visits. Because there is little time to plan during the day (and when it occurs, it is frequently at roadside truck stops), staff put in many hours at night writing prescriptions and completing reports. In order to maintain sanity, and in a few cases in order to facilitate the return of a healthy mental state, staff have developed techniques and suggestions that might be helpful to other home teachers just beginning:

1. Build up your caseload slowly. Start with six or seven children; maintain that caseload until you are familiar with implementing the model components. Then add a child each week. Meanwhile you will have begun to establish a routine and will be more confident and at ease in the role of a home teacher.
2. Full-time home teachers should have a maximum caseload of thirteen children. This is assuming each family is seen weekly for one and one-half hours, that time is set aside for staff meetings, and that the driving time between homes does not exceed forty-five minutes. This also assumes that home teachers will have responsibility for screening new referrals, consulting with community resources, keeping administrators aware of children's progress, and accompanying parents and children on clinic appointments. All these additional responsibilities can be assumed by a home teacher carrying a caseload of thirteen children.
3. A master teacher should be designated to be responsible for the administrative day-to-day functioning of the project. Additionally, she would serve as a primary resource to the staff, would review prescriptions, and record prescribed behaviors in the log. She would help serve as liaison between the home teachers, the agency, and the larger community. The master teacher should carry a small caseload and serve as a home teacher herself. As a result, her suggestions to staff will likely be more practical and appropriate. It is suggested that the master teacher's caseload be approximately half that of a full-time home teacher so she will be free to accompany her staff on home visits and help problem-solve as situations occur.
4. Stay one week ahead of yourself in prescription writing. If you see Tom, Susie, and Jimmy on Monday, that evening complete their progress reports and write up their activity charts for the coming week. The children and their responses will be fresh in your mind and your prescriptions are likely to be much more appropriate and thus successful.
5. Be sure to write activity charts in pencil; in all likelihood some change will need to be made on them after you take baseline data. An eraser can work wonders very quickly and it is a lot less frustrating than having to start all over again.
6. Keep your own weekly record of prescriptions you have written. A spiral notebook works well with one page for each week. There are many advantages for doing this:
    a. Activity charts sometimes get lost, eaten by dogs, thrown out with the trash, etc. There's nothing more frustrating than not knowing what it was you prescribed; and if you have no personal record, you can't collect post-baseline data and a week's work will be lost.

b. As you write your own record of activities you can note the materials needed to teach each behavior. It is much more convenient to refer to one page as you collect or make materials than it is to rummage through folders. Needed materials for the following week can be collected at one time without having to return to the office during the week.
c. This record comes in very handy as you write your weekly prescriptions. You can look at what you prescribed for a child the previous week and based on that, plan the next sequential step.
d. When you arrive at a home, you can quickly refer to your weekly record sheet and bring in only the materials you need for that child.

A typical week's notes in your record book might look like this:

Week of February 22

Pam	copy ◊ shape sequence no. cards 1-10 hops 5 ft. w/o falling or stopping
✓Todd	✓cut strips w/scissors on line, pastes on paper ✓imitates mouth and face movements ✓completes 6-piece puzzle - verbal clues, no physical aid ✓sleeps through night (happy face sticker chart)
Jenny	eats with spoon — no help ✓mom to record number of seizures/day ✓strings 5 beads — no aid
Penny	Looks for candy hidden under cup pat-a-cake — maximum help stands 5 seconds supported by one hand ✓3 rings on tower, random order, no aid
✓Jamie	✓names and sequence letter cards A-D ✓parent to record if J. or brother starts fight ✓skips 5 times without falling ✓hangs up clothing on request

Nicki	catches ball — distance 3 feet tells what number comes before (2-10) uses knife to spread
Richard	named 4 animal pictures and their sounds — dog, cow, cat, duck ✓ toileting chart matches red, yellow, blue
Donovan	imitate 10 initial /G/ words holds up 1-5 fingers on request puts self in front, behind and under
✓ Jackie	✓ change own catheter bag with help ✓ walks down hall — can touch walls for support ✓ draws numbers 1-5 on request — no model — paper ✓ places shapes in ball — no trial and error ✓ mom to record number of times she praises J. in 2 hours (counter)
Ronnie	imitate block (10) building — bridge and tower ✓ jumps off of bottom step toileting chart names cookie and milk before getting them — in imitation
Lorie	✓ turns head in response to name ✓ anticipates feeding — mouth open before mom touches it with spoon maintain grasp on rattle — 3 seconds

The underlined words denote materials needed. A check mark next to the behavior signifies that that particular activity chart has been written. The check by each child's name indicates that all the materials have been collected and that all of the activity charts have been written for the coming week. Names are arranged according to the order in which they are seen. You're free to develop your own recording and coding system, however, you will need some method of weekly recording.

7. Do not attempt to schedule more than four children per day; three is ideal.
8. It is very important for the home teachers to leave a weekly updated schedule of where they will be and when they will be there,

including phone numbers; thus if a parent calls to say their child is ill, the teacher can be readily contacted and time won't be wasted driving to the home.

9. It's best to purchase a metal filing box large enough to hold folders. The home teacher can then make a folder for each child on which is written the child's name, address, birthdate, phone number and directions to the home. The checklist, completed and extra activity charts, and any other non-confidential information can be placed in the folder. Thus, all a teacher needs to take into the home is that particular child's folder and materials needed to carry out the activities. A permanent folder should remain in the office. Information such as testing results, copies of release of information forms, medical reports, and other important data would be placed there. A third folder, also filed at the office, would include all the activity charts that are turned in weekly.
10. The weekly staff meeting is vital in maintaining sanity. Problems that have arisen during the week can be discussed and possible solutions arrived at. As one home teacher has said, "Frustration never lasts longer than Friday" (staff meeting day).
11. Come equipped with or cultivate these personality traits — they will serve you well:

    Flexibility
    Creativity
    A Sense of Humor
    A Willingness to Learn
    An Outgoing, Warm Personality
    and the Ability to Change a Tire!

REFERENCES AND ADDRESSES FOR MATERIAL USED OR DEVELOPED BY THE PROJECT

Alpern-Boll Developmental Profile
Psychological Development Publications
P.O. Box 3198
Aspen, Colorado 81611

The Portage Guide to Early Education (Checklist and Cards)
and Portage Parent Program
The Portage Project
Dept. 9
P.O. Box 564
Portage, Wisconsin 53901

For additional information on the Portage Project or Portage Model refer to the following publications.

Boyd, R. and Boyd, E., Parent intervention in the education of the preschool handicapped child. Deficience Mentale/Mental Retardation, 24:3, 1974.

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Shearer, Marsha. "A Home Based Parent Teaching Model" in Training Parents to Teach — Four Models. First Chance For Children, Vol. 3, TADS, Chapel Hill, North Carolina, 1975.

For more information about the Portage Project, you may order the following information free of charge.

- Portage Project Book of Readings
- Training and Technical Assistance Brochure
- Direct Service Brochure
- Resource Access Project Brochure
- Portage Guide to Early Education/ Portage Guide to Home Teaching Brochure
- Home Start Training Center Brochure
- Portage Parent Program Brochure

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LILLIE, D. "Dimensions in Parent Programs: An Overview". Training Parents to Teach: Four Models, Op.cit.

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